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IMPLEMENTATION UPDATE GUIDE FOR CHCS S/W VERSION 4.51 TO VERSION 4.6 FOR PAD/MSA

D/SIDDOMS

CHCS II
COMPOSITE HEALTH CARE SYSTEM

Delivery Order 0150 FY98 Implementation & Training Support Activities, CDRL Item 04

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How To Use This Document

The Implementation Update Guide (IUG) is a reference manual for the implementation of CHCS Version 4.6 (PAD/MSA/TPC). There is an IUG for each functionality. This IUG is applicable to the Patient Administration and Medical Service Accounting subsystems.

The Table of Contents provides an outline of the information contained in this guide. The document is divided into the following sections:

HOW TO USE THIS DOCUMENT - A description of the document and how to use it.

1. SUMMARY OUTLINE - Brief overview of changes-this can be used as a hand-out to all users.

2. SUBSYSTEM CHECKLIST - This is a step by step list of pre and post install implementation activities.

3. CHANGES AND ENHANCEMENTS - a description of each change with subsections including an Overview, Detail of Change, and File and Table Change.

4. APPENDIXES - applicable information pertaining to the implementation of Version 4.6 including Common Files changes, and a Master Checklist for all Subsystems.

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1. SUMMARY OF PATIENT ADMINISTRATION AND MSA/TPC CHANGES

This section provides a brief summary of the software changes in CHCS version 4.6 which will affect the Patient Administration, Medical Service Accounting, and Third Party Collections departments. The details to each change can be found in section 3 of this document

1.1 AUTOMATED DD7A FUNCTIONS

A new menu option, DD7A Billing Menu, has been added to the MSA User Menu. Housed within this new menu are four options which will provide Medical Service Accounting offices the tools necessary to produce an automated monthly DD7A. When fully implemented, these four options will give sites the ability to; populate a divisionally specific DD7A Billing Table, choose from a system defaulted list those patient appointments which should be included on the current month's DD7A report, print the current DD7A bill/report, and re-print the previous month's report.

This option is new to the Composite Health Care System and therefore new security keys and Implementation issues are involved.

1.2 MEDICAL SERVICE ACCOUNTING UB-92 FORM

With the CHCS version 4.6, Medical Service Accounting offices will now have the ability to produce system generated UB-92 forms for applicable MSA Accounts. Previously, those "Pay Patients" covered by insurance were only provided the standard MSA I+R to submit to their insurance companies. To facilitate a more efficient collection process, the CHCS system now provides an option in the "FORMS" section of the Cashier Action Screen (CLK) which will allow any MSA user to print a system generated UB-92 on an account by account basis.

1.3 GENERAL MSA/TPC MODIFICATIONS

There are several MSA/TPC changes included in the 4.6 version of CHCS which have little or no user impact. None-the-less these changes may affect the accounting principles and standard procedures within the MSA/TPC offices.

These changes are:

1) Removal of all DD2502 and UB-82 terminology from CHCS

2) MSA Related Patient Category Changes for N13, M13, K61 (VA Beneficiary), and K53 (FAA Air Traffic Controllers Physical Exams).

3) Addition of "Check Number" field to MSA/TPC Post Payment screens and associated outputs.

1.4 DEFENSE MEDICAL HUMAN RESOURCES SYSTEM INTERFACE (DMHRS)

With the upgrade to CHCS version 4.6, sites utilizing the existing UCAPERS functionality shall be enhanced to support an HL7 bi-directional interface which automatically transmits from CHCS to DMHRS patient demographic data as well as information on the patient's admission, transfer, absence or disposition. The DMHRS system shall transmit the register number, patient acuity values, and Nursing Care Hours to CHCS. These values shall be stored for later use in CHCS.

NOTE: At time of publication the associated software in the DMHRS system was not yet fully functional. Thus, although the Composite Health Care System is capable of successfully implementing this project, sites must wait until all corresponding software is provided by other responsible vendors.

1.5 MASCAL PHASE II

Incorporated in the new software are various changes aimed at further enhancing the MASCAL Menu Option which was first introduce in the CHCS version 4.5. With CHCS version 4.6, sites will now be able to set up separate MASCAL Events, complete with chronological starting and ending times. Associated with these Mascal Events, authorized users are allowed to set up unique MASCAL prefix identifiers which will display on input screens, and provide the ability to have multiple MASCAL events active at the same time. In order to facilitate this new change, all MASCAL File and Table has been relocated from the PAD Parameters (PAR) to the new MasCal Parameters Menu Option (MAS).

Also included in the modifications are enhancements to the existing three PAD MASCAL reports and the creation of the new Triage Category Report.

1.6 WORLDWIDE WORKLOAD ASCII MODIFICATIONS

With version 4.6, the CHCS system has been modified to include a header and trailer record (each comprised of 48 characters) to the Worldwide Workload Report ASCII file. The addition of the header and trailer will be used to identify the source and content of each generated ASCII file.

1.7 AMBULATORY PROCEDURE VISIT PROCESS

With the installation of CHCS version 4.6 Ambulatory Patient Units (APU) will be provided software which will enable them to book appointments, check the patients in for their procedure, and track the total hours and minutes associated with each APV. In order to fully support all requirements of such visits, changes to several functionalities such as PAS, Common Files, Clinical Order Entry, and PAD were necessary.

Although the majority of changes and responsibilities for APVs are directed towards the Patient Appointment Scheduling and Clinical users, the Patient Administration department also has responsibilities and requirements which necessitated changes within the software. CHCS will now support site's efforts to uphold JACHO requirements by tracking Deficient and Delinquent records and record items associated with each APV. Also incorporated in the new software are necessary changes to pre-admission screening, duplicate patient identification and merge, Worldwide Workload Report ASCII file reporting of APVs, patient admission processing, and MSA billing functions. Although not the most important aspect of the Ambulatory Procedure Visit software, the associated updates within the PAD functionality need to be studied and properly implemented to assure compliance with DoD requirements.

1.8 PROPER ICU WARD FILE AND TABLE

As of CHCS version 4.41 MU1 changes in the software have allowed MTFs to track the time a patient spends on an ICU ward and identify which clinical service referred the patient to the ICU ward. The ability to track this information is helpful, as the output of correct ICU workload data is vital to an MTF's resources and accountability.

It has been discovered that some sites have had difficulty successfully implementing this project while others initially made the correct changes only to have them undone during subsequent file and table edits. This section will strive to describe in detail how authorized users can successfully build multiple ICU services for a single physical ward location, thus providing correct ICU workload data for the MTF

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2. SUBSYSTEM CHECKLIST

2.1 USER TRAINING

It is recommended that PAD supervisors attend the **1** hour supervisory demo plus the **1.5** hour clerk/general user demo. MSA supervisors and clerks should attend the **1** hour MSA demo.

2.2 IMPLEMENTATION ISSUES

Before the install:

___ Run the MSA and TPC Active Accounts Receivables (AAR) the day prior to the software load.

___ Run the MSA Balance Check two to three days prior to the software load and log a Support Center Call for any problem accounts.

___ Sites can make good use of Post Master Mailman Messages in order to emphasize key changes which will affect the users after the software load, ie: MASCAL Phase II, DD7A Functions, Station/Unit Code Changes, etc.

___ Sites who want to create a DD7A Billing Report for the month during which CHCS version 4.6 is loaded, should take steps to record all applicable outpatient visits which can then be added to the report via the DD7A Monthly Outpatient Billing Process (MBP).

___ Sites may want to run off all templates for Ad Hocs created to support the MASCAL Functionality.

During the install:

___ Track all PAD/MSA activity to be backloaded when the system is returned to the users.

2.3 INTEGRATION ISSUES

___ Confirm that all Common File data related to PAD/MSA is entered.

___ Workflow associated with the new APV software is strongly integrated amongst several functional areas. PAD Supervisors would be advised to initiate communication with

their counterparts in the Patient Appointment Scheduling workcenters to assure efficient utilization of this software.

___ Workflow associated with the new DD7A software is strongly integrated amongst the PAD and PAS functional areas. PAD Supervisors would be advised to initiate communication with their counterparts in the Patient Appointment Scheduling workcenters to assure efficient utilization of this software.

2.4 POST-LOAD PAD/MSA FILE AND TABLE CHANGES

Estimated time: 10-20 minutes

___ Verify that all necessary MASCAL File and Table information has been relocated in the new MASCAL Parameters (MAS). Menu Path: PAD>SDM>MAS

___ Verify that the DD7A Outpatient Billing Table contains the correct rates for each B and C level MEPRS code. Menu Path: MSA>D7A>DTE

___ Verify that the APV Record Parameters are populated with the standard APV Deficient and Delinquent items. Additional items may be added.

2.5 SECURITY KEYS

___	MSA DD7A BILLING	Locks access to the DD7A Monthly Outpatient Billing Process (MBP). This key should be given to any/all MSA personnel responsible for processing and finalizing the new DD7A Billing Report
___	DG APVOUT	Security key restricts access to the report menu of the APV Delinquent Record Tracking Menu. This key should be given to All Clinical Records personnel responsible for APV record completion.
___	DG APVSUPER	This security key restricts access to the APV Parameters option of the APV Delinquent Record Tracking Menu. This key should be given to the Clinical Records Supervisor

___	DG APVUSER	This security key restricts access to the APV Delinquent Record Tracking Options. This key should be given to All Clinical Records personnel responsible for APV record completion.

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3. CHANGES AND ENHANCEMENTS

3.1 AUTOMATED DD7A BILLING

3.1.1 Overview of Change

Since it's inception, the CHCS System has never provided users with an automated process aimed at billing any of a Medical Treatment Facility's outpatient population. Now, with the introduction of CHCS Version 4.6, the system will begin to fill this void by automatically calculating the charges for all DD7A-billable outpatient categories (PATCATS).

3.1.2 Details of Change

The DD7A is a specific billing process used by Military Treatment Facilities to receive reimbursement for outpatient care provided to non-Dod affiliated government employees (ie; State Department, Coast Guard, etc). These patients, who are identified by nature of the Patient Category they have been assigned, are entitled to care at U.S Military Treatment Facilities, but their bill is paid by another Government Agency or Foreign Government. Once a month, the Medical Service Accounting department of the MTF will submit a DD7 (Inpatient) and a DD7A (Outpatient) form to the Health Services Command who will in turn bill the appropriate agency.

To assure that this billing process is successful, it is imperative that upon registration patients be assigned the correct Patient Category (PATCAT). It is from the information stored in the Patient Category file that the system gets guidance as to how much a patient should be billed (Rate) and what billing process (Pay Mode) should be followed. Below is an example of several Patient Categories which would designate a patient as DD7A eligible. Notice that the information in the Patient Category File has identified that the Mode by which the MTF will seek payment for outpatient care is "DD7A" and that there are four different Outpatient Rates an agency could be charged. These rates are:

IOR - Interagency & Other Federal Agency Sponsored Patients
IMET - International Military Education & Training
FOR - Other
NC - No Charge

Sample: Patient Category File Information

CODE	NAME	MODE	OPNT AGEN RATE
B41	NOAA FAM MBR AD	DD7/DD7A	IOR
B43	NOAA FAM MBR RET	DD7/DD7A	IOR
B45	NOAA FAM MBR DECEASED AD	DD7/DD7A	IOR
B47	NOAA FAM MBR DECEASED RETIRED	DD7/DD7A	IOR
C41	USCG FAM MBR AD	DD7/DD7A	IOR
C43	USCG FAM MBR RET	DD7/DD7A	IOR
C45	USCG FAM MBR DECEASED AD	DD7/DD7A	IOR
C47	USCG FAM MBR DECEASED RETIRED	DD7/DD7A	IOR
K71	FMS NATO CIVILIAN - ITO AGENCY	DD7/DD7A	FOR
K73	NATO FAM MBR IMET/FMS - ITO AG	DD7/DD7A	NC
K75	NON-NATO FAM MBR IMET/FMS - IT	DD7/DD7A	FOR
K71	IMET NON-NATO MILITARY/CIVILIA	DD7/DD7A	IMO
K71	FMS NON-NATO MIL/CIV - ITO AGE	DD7/DD7A	FOR

Assuming a patient has been assigned the proper Patient Category, the new automated DD7A billing function will provide MTF Billing Departments with a list of all completed DD7A eligible outpatient visits which have a Appointment Status of "Kept", "Walk-in", or "T-con". The actual charges for each of these patient episodes will be determined by the dollar amount the site has identified for each third level B** and C** level MEPRS code. Once implemented, sites will be responsible for updating the new Outpatient MEPRS Billing Table each Fiscal year.

> **NOTE:**
> Outpatient visits associated with an inpatient episode are not eligible for inclusion on the DD7A Selection List and therefore the DD7A Monthly Billing Report.

3.1.2.1 DD7A Billing Menu

An entirely new menu option, DD7A Billing Menu (D7A), has been created to control all DD7A outpatient billing functions. This option is found within the MSA Primary Menu (MSA User) and is not locked by any security key. Any user with the MSA Primary Menu will be able to observe and access this new option.

> **NOTE:**
> All previous CHCS Menu Options associated with DD7A functions have been rendered obsolete and thus have been deleted.

Sample: MSA Primary Menu

```
   CFM     Cashier Functions Menu
   OFM     Office Functions Menu
   MSR     Cashier/MSA Reports Menu
   D7A     DD7A Billing Menu
   MRM     Monthly Reports Menu
   NPM     Nightly Processing Menu
   RSM     Reprint Reports Menu
   FIM     Inquire to File Entries
   LFA     List File Attributes
   IFM     Insurance Processing Menu
```

The DD7A Billing Menu houses five menu options which provide Medical Service Accounting offices the ability to; populate a divisionally specific DD7A Billing Table, print a list of the entire DD7A Billing Table, choose from a system defaulted list those patient appointments which should be included on the current month's DD7A bill, preview the current DD7A billing list, and re-print the previous month's report. These options will give sites the tools necessary to produce an automated monthly DD7A.

Sample: DD7A Billing Menu

```
   DTE     DD7A Billing Table Enter/Edit
   BTR     DD7A Billing Table Report
   PRE     Preview DD7A Billing List
   MBP     DD7A Monthly Outpatient Billing Process
   RPD     Reprint DD7A

Select DD7A Billing Menu Option:
```

Updates to the DD7A Billing Table will be performed based upon official rates provided by the Department of Defense. With this information the MSA Office Managers can update rates through the DD7A Billing Table Enter/Edit option.

3.1.2.2 DD7A Billing Table Enter/Edit (DTE)

Menu Path: MSA>D7A>DTE

In order to facilitate the correct billing for all DD7A outpatient accounts, each site must keep the Outpatient MEPRS Billing Table (file #8067) up to date through the DD7A Billing Table menu option (DTE). In order to prevent unauthorized entries to this file, access to both the menu option and the associated file have been locked with a Security Key and FileMan code, respectively. Thus, in order to add a new third level B or

C MEPRS code to the Outpatient MEPRS Billing Table, users must possess both the FileMan code of "a" and the MSA OFFICE MANAGER security key. Possession of just the Fileman code will not allow users entry into the DD7A Billing Table Enter/Edit menu option to add or edit any entries within the file. Whereas possession of the MSA OFFICE MANAGER Security Key without the "a" Fileman code will allow users to edit existing entries but will not allow the user to add new entries to the associated file.

Upon selecting the DD7A Billing Table Enter/Edit, those responsible for the maintenance of this file are prompted to select a valid third level B or C MEPRS code. The system does not cross reference to see if the selected code has been activated in the Site Definable MEPRS file, but it does require that users enter valid MEPRS codes. If needed, a list of acceptable codes can be attained by typing a double question mark at the first prompt. Having identified a valid B or C level MEPRS code, the system will ask if this code is to be added to the file. After answering "Yes", the system will present the user with the actual Billing Rate Table Entry screen for that outpatient MEPRS code.

Sample: DD7A Billing Table Enter/Edit Screen

```
MEPRS Rate Code: BBA                  Outpatient Billing Rate Table Enter/Edit

   Description: GENERAL SURGERY CLINICS
   Type of Care: Surgical Care

  Inactive Date:                        Effective Date: 12 Mar 1997

DD7A Rates

             International Military Education & Training (IMET) rate:    56.00

    Interagency & Other Federal Agency Sponsored Patients (IOR) rate:   102.00

                                                 Other (FOR) rate:   109.00

Ambulatory Procedure Visit Rates

         International Military Education & Training (IMET) APV rate:   413.00

Interagency & Other Federal Agency Sponsored Patients (IOR) APV rate:   746.00

                                               Other (FOR) APV rate:   797.00

 Help = HELP      Exit = F10     File/Exit = DO
```

The 'Description' and 'Type of Care' fields will be automatically populated by the system with information hard-coded into the programming. At the time of activation, an 'Inactive Date' is not necessary and, to avoid future problems, should probably be left blank until such a time that the rates for this MEPRS code need be inactivated. After passing the 'Inactive Date' field,

the system will bring the user to the first of the three rates, International Military Education & Training (IMET). Here the user will enter the dollar amount that DD7A patients who have "IMET" identified as the Outpatient Agency Rate for their Patient Category will be charged for an typical outpatient visit to a clinic assigned that B or C level MEPRS code. The entry in this field must be a dollar amount between .01 and 99999.99. Upon entering an amount for any of the rates, the system will automatically default that day's date in the Effective Date field. (Note: DD7A rates are different from other rates in that they are effective immediately.) The user will then populate the IOR and FOR rates for that MEPRS code in the same manner.

After identifying the specific dollar amounts which will be charged for typical Outpatient Visits, the MSA supervisor will be prompted to populate the file with the rates which will be applied when theses patient types have a "Kept" Ambulatory Procedure Visit. Again, the entry in the IMET, IOR, and FOR APV rates must be a dollar amount between .01 and 99999.99. Initially the APV rates will be same dollar amount for all APV visits.

> **NOTE:**
> When adding a new MPERS code to the table, each rate can be left blank but, if any of the rates are left blank, those DD7A patients with outpatient visits who should be charged will appear on the DD7A report with a charges of "0.00". If all 6 rates are left blank, that MEPRS code will not have an effective date and thus will not be added to the Outpatient MEPRS Billing Table File at that time.

3.1.2.3 DD7A Billing Table Report

Menu Path: MSA>D7A>BTR

MSA users will have the ability to produce a rate schedule for all MEPRS codes. The DD7A Billing Table Report is simply a list of the information built and stored in the Outpatient Billing Table (file 8067). This report will be broken out by Summary Account within the B and C levels of the MEPRS codes. The second alpha character in each code designates the "Summary Account" which encompasses general areas of workload which fall under each functional category. For example, the functional category of Outpatient Care (first level code "B") contains eleven summary accounts as follows:

SUMMARY ACCOUNT	CODE
Medical Care	B**A***
Surgical Care	B**B***
OB/GYN Care	B**C***
Pediatric Care	B**D***
Orthopedic Care	B**E***
Psychiatric Care	B**F***
Primary Medical Care	B**G*** and B**H***
Emergency Medical Care	B**I***
Flight Medicine Care	B**J***
Underseas Medicine Care	B**K***
Rehabilitative Service	B**L***

Sample: DD7A Billing Table Report

NAVMEDCEN PORTSMOUTH VA 13 Jan 1998 1832 Page 1

* * * OUTPATIENT MEPRS (DD7A) RATE SCHEDULE * * *

MEPRS Code	Clinical Service	Effective Date	IMET Rate	IOR Rate	Other Rate
	A. Medical Care				
BAA	INTERNAL MEDICINE CLINIC	18Mar97	67.00	167.00	178.00
BAB	ALLERGY CLINIC	12Mar97	34.00	61.00	66.00
BAC	CARDIOLOGY CLINIC	12Mar97	61.00	111.00	119.00
BAG	GASTROENTEROLOGY CLINIC	12Mar97	89.00	162.00	173.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BAP	DERMATOLOGY CLINIC	12Mar97	54.00	98.00	105.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
	B. Surgical Care				
BBA	GENERAL SURGERY CLINIC	12Mar97	107.00	193.00	207.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BBB	CARDIOVASCULAR & THORACIC SUR	12Mar97	92.00	167.00	178.00
	Ambulatory Procedures Visit		413.00	746.00	797.00
BBC	NEUROSURGERY CLINIC	12Mar97	108.00	197.00	210.00
BBI	UROLOGY CLINIC	12Mar97	93.00	169.00	180.00
	Ambulatory Procedures Visit		413.00	746.00	797.00

3.1.2.4 Preview DD7A Billing List

Menu Path: MSA>D7A>PRE

As the Patient Appointment Scheduling software identifies Kept, Walk-in, and T-con appointments for DD7A eligible patients, various information regarding the appointment and the associated charges are stored in the new DD7A Holding File (#8068). The entries in this file will increase as the month proceeds. At any time during the month, MSA users will have the ability to produce a list of all accounts which may be included on the DD7A bill which will be produced at month's end.

To print a preview list of accounts, MSA users select the Preview DD7A Billing List from the DD7A Billing Menu. The system gives them an option to select the number of copies needed, providing "1" as the default. Then the system prompts the user to select the desired "Device", defaulting the MSA Primary Print Device set in the MSA Parameters.

Sample: Preview DD7A Billing List

```
MADIGAN AMC TACOMA WA                                23 Apr 1997 1517   Page 1
                Personal Data - Privacy Act of 1974 (PL 93-579)

        * * * DD7A Outpatient Billing Preview List for April 1997 * * *

-------------------------------------------------------------------------------
  Visit          Pat                              Eff                  MEPRS
  Date           Cat  Patient                    Ins FMP/SSN          Code   Charges
-------------------------------------------------------------------------------
  03Apr97@0807   K71  ABBAS,ARNOLD J JR          N  20/003-48-2354    BEA5    960.00
* 14Apr97@1530   C41  DAVIES,ALLEN               N  30/178-32-8036    BAPA     98.00
* 14Apr97@1536   K62  DELEON,ALAIN               N  20/178-32-8036    BAPA     98.00
* 15Apr97@0754   P43  PURCELL,JULIE             Y  20/178-32-8036    BIAA    164.00
  15Apr97@0755   B43  BERGS,WENDY J             Y  30/178-32-8036    BAPA     98.00
* 16Apr97@1034   C11  LANGONE,PIER              N  20/178-32-8036    BBA5    746.00
* 17Apr97@1019   C11  GENTLECORE,LYNN           N  20/178-32-8036    BAPA     98.00
* 17Apr97@1059   C31  HARDINGTON,WENDY          Y  20/178-32-8036    BAAA    106.00
  22Apr97@1505   K69  FITZGERALD,JOHN P         N  20/403-04-1889    BHAC    102.00
* 22Apr97@1527   C11  FITZGERALD,RAYMOND        N  20/008-38-8648    BBA5    746.00


* - Current visits/adjustments selected for the April 1997 DD7A
                            *** End of Report ***
```

As stated on the report itself, the Preview DD7A Billing list also identifies which of the visits stored in the DD7A Holding File have been selected to be included in the finalized monthly DD7A Bill. These are displayed with an asterisk located to the left of the visit Date/Time.

3.1.2.5 DD7A Monthly Outpatient Billing Process

Menu Path: MSA>D7A>MBP

Users with the proper security access will select, deselect, edit and add outpatient visits to the DD7A Holding File through the DD7A Monthly Outpatient Billing Process (MBP) option. This menu option is locked with the new security key **[MSA DD7A BILLING]** and only one authorized user is able to enter this menu at a time. Upon selecting this menu option, the system presents the user with an action bar offering five action choices and a Help and Exit function. In order to navigate through the seven different options presented at the bottom of the screen the user can either use the left and right arrow keys to highlight the desired selection and then press the <Return> key, or the user could simply type the highlighted character associated with the option without then pressing the <Return> key. If the user elects to use their left and right arrow key to highlight the various choices, in the lower left hand side of the screen the system will provide a brief description of the various functions.

Sample: DD7A Outpatient Billing Process Screen

```
                    DD7A Outpatient Billing Selection list
 Effective Insurance indicates CHCS entered data, please verify other sources.
          Deselect/Select the visits to be included on the June DD7A
-------------------------------------------------------------------------------
  Visit         Pat                              Eff                MEPRS
  Date/Time     Cat  Patient                     Ins FMP/SSN        Code   Charges
-------------------------------------------------------------------------------
+------------------------------------------------------------------------------+


               - Press H for detailed help.

               - Press ? for help on available actions.

               - Press right/left arrow to move between actions.

               - Press <RETURN> when you are on the action you want.


+------------------------------------------------------------------------------+
-------------------------------------------------------------------------------
Select Visits   Edit Charges   Add Item   Print Preview   Finalize   HELP  EXIT
```

3.1.2.5.1 DD7A Visit Selection

Authorized users will utilize this option to select which DD7A eligible outpatient visits should be included on the final DD7A Monthly Bill. The provided list, also stored in the DD7A Holding File, is comprised of all completed DD7A eligible outpatient visits (Including Ambulatory Procedure Visits) kept through the Patient Appointment Scheduling Functionality for that month. The appointment status of these visits must be either "Kept", "Walk-in", or "T-con" for the appointments to appear on the selection list.

> **NOTE:**
> Charges associated with DD7A Eligible visits will roll up to the Group DMIS Division unless MSA has been made "Fully Active" at the Divisional level. This is to say, that if an Outpatient Division (Div B) falls under Inpatient Division (Div A) and the MSA Inactive field in the MSA Parameters file is **not** set to "Fully Active" for Div B, all DD7A Eligible visits which occurred at Div B's clinics will appear on Div A's DD7A Outpatient Billing Selection List.

Initially, when the DD7A Selection list is entered for the first time each month, all the patient visits in the list appear with an asterisk to the left of the Visit Date/Time indicating that they have been selected to appear on the DD7A Bill for that month. Users must utilize their up and down arrow keys in coordination with the Select key to choose which accounts are to appear on the final monthly bill.

Sample: DD7A Selection List

```
                    DD7A Outpatient Billing Selection list
 Effective Insurance indicates CHCS entered data, please verify other sources.
          Deselect/Select the visits to be included on the April DD7A
-------------------------------------------------------------------------------
  Visit          Pat                            Eff                 MEPRS
  Date/Time      Cat  Patient                   Ins FMP/SSN         Code   Charges
-------------------------------------------------------------------------------
 *17Apr97@1059   C31  DAVIES,ALLEN               N  20/178-32-8036  BBA5    746.00
  22Apr97@1505   K69  FITZGERALD,JOHN P          N  20/403-04-1889  BHAC    102.00
 *22Apr97@1527   C31  RUSSEL,ROGER R            Y  20/008-38-8578  BEA5    960.00
 *24Apr97@1425   C31  BRANSFIELD,DAN J          Y  20/008-38-8768  BGAA    106.00
  24Apr97@1427   C31  FITZGERALD,ALICE          Y  20/008-38-0048  BAAB    106.00
 *24Apr97@1444   C41  FISH,MARKUS A             Y  30/540-56-1127  BAAB    106.00
+ 24Apr97@1451   C41  FITZGERALD,SANDRA B       Y  30/403-04-1889  BEA5    960.00
-------------------------------------------------------------------------------
Select Visits   Edit Charges   Add Item   Print Preview   Finalize   HELP  EXIT
```

In order to keep this task to a manageable level of effort, users can select/deselect visits from this list several times a month and, although all visits will remain on the list, the system will not change any of the selections. Instead, the next time a user enters the selection option in the same month, all subsequent DD7A eligible outpatient visits will appear in the "Selected" status (with the asterisk to the left) on the bottom of the list and the user will only need manage the new visits.

Sample: DD7A Selection List (New Monthly Additions are Highlighted)

DD7A Outpatient Billing Selection list
Effective Insurance indicates CHCS entered data, please verify other sources.
Deselect/Select the visits to be included on the April DD7A

Visit Date/Time	Pat Cat	Patient	Eff Ins	FMP/SSN	MEPRS Code	Charges
*17Apr97@1059	C31	DAVIES,ALLEN	N	20/178-32-8036	BEA5	960.00
22Apr97@1505	K69	FITZGERALD,JOHN P	N	20/403-04-1889	BHAC	102.00
*22Apr97@1527	C31	RUSSEL,ROGER R	Y	20/008-38-8578	BBA5	746.00
*24Apr97@1425	C31	BRANSFIELD,DAN J	Y	20/008-38-8768	BGAA	106.00
24Apr97@1427	C31	FITZGERALD,ALICE	Y	20/008-38-0048	BAAB	106.00
*24Apr97@1444	C41	FISH,MARKUS A	Y	30/540-56-1127	BAAB	106.00
24Apr97@1451	C41	FITZGERALD,SANDRA B	Y	30/403-04-1889	BEAA	135.00
***22Apr97@1342**	**K71**	**FITZGERALD,JOHN**	**N**	**20/224-48-5148**	**BEAA**	**144.00**
***22Apr97@1343**	**K71**	**BROCKWAY,ANN**	**N**	**20/345-33-3821**	**BHDA**	**52.00**
***22Apr97@1534**	**K71**	**BROCKWAY,DAVE**	**N**	**20/345-33-3333**	**BEA5**	**960.00**
+*24Apr97@1520	**C41**	**FITZGERALD,BETTY ANN**	**Y**	**30/349-58-0924**	**BAAA**	**167.00**

Select Visits | Edit Charges | Add Item | Print Preview | Finalize | HELP | EXIT

3.1.2.5.2 DD7A Edit Charges

In those instances where a MSA Supervisor might need to edit the charges associated with a DD7A outpatient visit, the DD7A Monthly Outpatient Billing Process includes the "Edit Charges" option. If, for example, the DD7A Billing Table was not properly maintained a patient's account was created with an old rate, an MSA Supervisor would be able to edit the charges associated with the outpatient visit prior to including it on the final monthly DD7A Bill.

To accomplish this task, the user will select the "Edit Charges" option from the action bar on the bottom of the DD7A Monthly Outpatient Billing Process screen. Having done this the user will be able to select an individual patient visit by using their up and down arrow keys to highlight the necessary account. When the DD7A visit is highlighted, the user will then press the <Return> key to enter the "Update Charges" screen for that outpatient visit. Once in the screen, the user will be presented

with most pertinent information regarding this DD7A eligible outpatient visit, but only the "Charges" field will be able to be edited here.

Sample: DD7A Edit Charge Option

```
             DD7A Outpatient Billing Selection List  Line Item Edit
                                 Update Charges

--------------------------------------------------------------------------------

      Visit Date: 24Apr97@1444

         Patient: FITZGERALD,SANDRA B

         FMP/SSN: 30/540-56-1787

       Insurance: Valid policy exists for this visit

Patient Category: C41  (USCG FAM MBR AD)

      MEPRS Code: BAAB   Clinic: INTERNAL MEDICINE CLINIC

         Charges:    106.00



--------------------------------------------------------------------------------

 Help = HELP      Exit = F10     File/Exit = DO                        INSERT OFF
```

3.1.2.5.3 DD7A Add Item

In order to assure that the monthly DD7A includes all DD7A eligible outpatient visits, the DD7A Monthly Outpatient Billing Process includes the ability to add outpatient visits to the DD7A Selection List without having to utilize the Patient Appointment Scheduling software.

> **NOTE:**
> Only those patients assigned Patient Categories with DD7A Paymodes are eligible to be included on the DD7A Monthly bill. Thus, before adding an outpatient visit to the DD7A Selection list, it may be necessary for users to edit a patient's registration information to assure that the proper, DD7A eligible Patient Category has been assigned.

To accomplish this task, the authorized user will select the "Add Item" option from the DD7A Monthly Billing Process action bar. The system will first prompt the user to:

Enter a date/time for this visit/adjustment:

Upon entering a date and time associated with the outpatient visit to be added, the user will enter the DD7A Add Item screen. Notice, although this screen requires all the information listed in the Edit Charges option, each field is blank thus allowing the user to create a billable visit with all pertinent information.

Sample: DD7A Add Item Screen

```
            DD7A Outpatient Billing Selection List  Line Item Edit
                                Add Entry Mode

------------------------------------------------------------------------------

      Visit Date: 21Jun97@0926

         Patient:

         FMP/SSN:

       Insurance:

Patient Category:

      MEPRS Code:        Clinic:

         Charges:



------------------------------------------------------------------------------
File/exit    Abort    Edit
```

Once in the DD7A Add Item screen, the system prompts the user to select a patient from the Patient File. If the user tries to select a patient without a DD7A eligible Patient Category, the system will not recognize the patient as a valid entry and will prompt the user to choose again. Once an eligible patient has been selected, the system will automatically populate the 'FMP/SSN', 'Insurance', and 'Patient Category' fields based upon information stored in the Patient File. The next field the user is responsible for populating is the 'MEPRS' field. The system is looking for a fourth level B or C MEPRS code and it cross references all entries against the Site Definable MEPRS file for acceptability. Once a valid fourth level B or C MEPRS code is chosen, the 'Clinic' field will be populated with the information from the 'Description' field in the Site Definable MEPRS file and the charges from the DD7A Billing Table for that MEPRS code will default to the 'Charges' field. If necessary, the user can edit the amount charged before filing the information.

NOTE:

It is not necessary for a B or C level MEPRS code be built within the DD7A Outpatient Billing Table (file #8067). Instead, the appropriate MEPRS code need only to be built and active in the Site Definable MEPRS File. For those codes which are not built in the DD7A Billing Table, the 'Charges' field in the DD7A Add Item screen will be $0.00 and thus a value will need to be added by the user.

Once a patient visit has been added to the DD7A Holding file through the DD7A Add Item option it CAN NOT be removed from the file. The new outpatient visit appears on the DD7A Selection list with an asterisk to its left indicating that it is to be included on the monthly DD7A bill. If a mistake was made and the wrong information was entered, the users have the ability to edit the associated charges (See 3.1.2.4.2 DD7A Edit Charges), or simply de-select the visit so it is not included in the final DD7A Monthly Bill (See 3.1.2.4.1 DD7A Visit Selection).

3.1.2.5.4 DD7A Print Preview

The Print Preview option on the DD7A Monthly Billing Process action bar offers the same report detailed in section 3.1.2.4.3, as the DD7A Print Preview, of this Implementation Update Guide. For further information please refer to section 3.1.2.4.

3.1.2.5.5 Finalize DD7A Monthly Bill

The DD7A can only be finalized at the beginning of each new month. For the previous month, the authorized MSA users have the responsibility to "Finalize" that month's DD7A Report. This function is **not** done automatically by the system. To accomplish this task, the users will first assure that all necessary outpatient visits have been selected for inclusion on the report. Then the user will select the "Finalize" option on the DD7A Monthly Outpatient Billing Process Action bar. The system will allow the user to select the number of copies and the device upon which the DD7A Monthly Billing Report will be created. This option will also allow users to print a special summary report for Coast Guard beneficiaries.

Sample: DD7A Monthly Billing Report {abridged}

Bill No: 0125 - 97 - APR

Report of Treatment Furnished Pay Patients
Hospitalization Furnished (Part B) Outpatient Services

Prepared on: 01 May 97 Printed on: 01 May 97 Page: 1 of 6

MADIGAN AMC TACOMA WA
MADIGAN ARMY MEDICAL CENTER
TACOMA WA 98431

Patient Charge Category: USCG RET LOS, C31
Country of Origin: UNITED STATES

Patient Name FMP/SSN	Pat Cat Grade	Visit Date	MEPRS Clinic	Amount Billed
Division: MADIGAN				
DAVIES,ALLEN 20/178-32-8036	C31 E7	14 Apr 97	BAPA DERMATOLOGY OUTPAT	98.00

{USCG RET LOS continued on the next page}

Date: 01 May 97 Certified and Authenticated by _____

THIS FORM IS AN AUTOMATED VERSION OF DD7A - 1 APR 76

Sample: DD7A Monthly Billing Report {Cont.}

Bill No: 0125 - 97 - APR

Report of Treatment Furnished Pay Patients
Hospitalization Furnished (Part B) Outpatient Services

Prepared on: 01 May 97 Printed on: 01 May 97 Page: 6 of 6

MADIGAN AMC TACOMA WA
MADIGAN ARMY MEDICAL CENTER
TACOMA WA 98431

Patient Charge Category: USCG RET LOS, C31 {continued}
Country of Origin: UNITED STATES

Patient Name FMP/SSN	Pat Cat Grade	Visit Date	MEPRS Clinic	Amount Billed
Division: MADIGAN {continued}				
FITZGERALD,JOHN 20/008-38-8648	C31 E8	24 Apr 97	BAAB INTERNAL MEDICINE	106.00
FITZGERALD,JOHN 20/008-38-8648	C31 E8	24 Apr 97	BAAB INTERNAL MEDICINE	106.00
USCG RET LOS Billing This Period:		(Visit: 11)		1130.00
*Adjustments This Period:				0.00
Adjustments Billing This Period:				1130.00
USCG RET LOS Billing Year to Date:				1130.00

Date: 01 May 97 Certified and Authenticated by _____

THIS FORM IS AN AUTOMATED VERSION OF DD7A - 1 APR 76

Sample: Coast Guard Summary Report

Bill No: 0125 - 97 - APR
Report of Treatment Furnished Pay Patients
Hospitalization Furnished (Part B) Outpatient Services

Prepared on: 01 May 97 Printed on: 01 May 97 Page: 1 of 1

MADIGAN AMC TACOMA WA
MADIGAN ARMY MEDICAL CENTER
TACOMA WA 98431

United States Coast Guard Summary Report

Country of Origin: UNITED STATES

Patient Status	# Visits	Billed Amount
USCG Active Duty	0	106.00
USCG Family Member	2	241.00
USCG Retired	11	1130.00
USCG Retired Family Member	0	0.00
Billing This Period:	13	1371.00
*Adjustments This Period:		106.00
Adjustments Billing This Period:		1477.00
Billing Year to Date:		1477.00

Date: 01 May 97 Certified and Authenticated by _____

THIS FORM IS AN AUTOMATED VERSION OF DD7A - 1 APR 76

As shown above, the Finalized DD7A Report is sorted and totalled by Patient Category. Adjustments for visits which were not within that calendar month, but were added using the DD7A Add Item function, show as "adjustments" and are not included as a "Visit" for that month. Each finalized DD7A Report is assigned a "Billing Number" which prints on the upper right hand of each page. This number is automatically compiled using the site's DMIS ID - Fiscal Year- Report Month (example: 0125 - 97 - APR).

The Finalized DD7A Report includes a Summary page displaying basic information about all Coast Guard patients seen during the reporting month. Although all DD7A eligible patients whose outpatient visits were selected for the Finalized report are included on the actual DD7A Monthly Report, only those patients with a Patient Category identifying them as being associated with the Coast Guard are included on the Summary.

Once the a Monthly Billing report is finalized, that month's data is transferred from the DD7A Holding File (#8068) to the DD7A Reprint File (#8077). When this occurs the system will automatically purge the previous month's DD7A Report from the Reprint File. These actions free each of the two associated files so that the DD7A Holding File always houses the current month's data and the DD7A Reprint file makes the previous month's data available for reprint if necessary.

> **NOTE:**
> Although available for reprint, once a month's data is finalized, it is not able to be edited. Thus, any DD7A charges which were mistakenly excluded or included would need to be adjusted by adding positive or negative charges to the next DD7A Monthly Billing Report utilizing the Add Item function located in the DD7A Monthly Billing Process.

3.1.2.6 Reprint DD7A

Menu Path: MSA>D7A>RPD

If it is necessary to reprint the DD7A Report after its initial creation, users may use the Reprint DD7A (RPD) option. This will allow users to print off multiple copies of the previous month's finalized DD7A Billing Report. Because the system purges and replaces old reports from the DD7A Reprint File with the finalization of the next month's report, users are only able to reprint a DD7A Billing report for roughly one month after it's initial finalization.

3.1.3 File and Table Changes

As previously mentioned, all sites will be responsible for the continual maintenance of their DD7A Billing Table. For directions showing the steps necessary to accomplish this task, please refer to Section 3.1.2.2, DD7A Billing Table Enter/Edit, of this Implementation Update Guide

There is a new Security Key, **MSA DD7A BILLING**, which locks access to the DD7A Monthly Outpatient Billing Process menu option. All users who would be responsible for completing the DD7A process should be assigned this key.

3.1.4 Implementation Issues

In order to successfully utilize this function, site MSA Offices must define operating procedures and strive to incorporate this new function into their monthly workflow. To assure that each month's finalized bill has all eligible accounts listed, MSA offices may want to actively communicate with their outpatient clinics to assure that DD7A Eligible patients are assigned the correct Patient Category upon check-in.

3.1.5 Security Keys

There is one new security key associated with this new function. The **MSA DD7A BILLING** key will allow a user access to produce an end of month bill for the new DD7A function. This key should be given to MSA personnel responsible for processing this End of the Month DD7A Report.

3.2 MSA UB-92

3.2.1 Overview of Change

In the past, CHCS did not provide Medical Service Accounting departments any assistance in soliciting payments from insurance companies for MSA Pay Patient Accounts. Instead, since the patient is responsible for payment in full, the system only allowed users to print off the standard I+R for these accounts. Sites would either provide this limited documentation to the patient and leave it to them to seek reimbursement from their insurance company or the sites would manually create a UB-92 to assist Pay Patients.

With the introduction of CHCS version 4.6, sites will have the option of producing UB-92 forms for MSA Pay Patients.

3.2.2 Details of Change

Now, with CHCS version 4.6, Medical Service Accounting offices will have the ability to produce system generated MSA UB-92s for patient accounts billed with the inpatient rates of FRR, IAR, ISR and IMET. This process will not be automatic and use of the function will be completely voluntary. The system will simply act as a computerized typewriter using system supplied information and user input to produce UB-92s individually. The MSA UB-92 is **not** associated with the Third Party Collections

program and thus the creation of these MSA UB-92s will in no way affect the TPC Active Accounts Receivables. MSA UB-92s will be differentiated from the UB-92s produced through the TPC software by the "-M" which will be appended to the Account number (Register number).

3.2.2.1 MSA UB-92 Policy Data

Menu Path: MSA>CFM>CLK>FORMS>MSA-UB92

To facilitate this new ability, a new function designed to produce the MSA UB-92 has been added to the 'FORMS' option of the Clerk Action Screen (CLK). This new selection, "MSA-UB92", will always be present though it can only be invoked for patient whose Patient Category identifies them as a Pay Patient (ie have Individual Inpatient Rates of FRR, IAR, and IMET associated with their Patient Categories.)

Sample: MSA Clerk Action Screen

```
Dt/Time: 29 Apr 1997@1535                                  CASHIER ACTION SCREEN
Patient: SHEAROUSE,ANTHONY C                             FMP/SSN: 20/806-72-1117
Reg No.: 6316050               Adm Dt: 16 Mar 1997         Status: O
Pat Cat: USA AD RES <30 DAYS   Dis Dt: 06 Apr 1997     Sales Cd: FRR
Ins Sta:                                               Pay Mode:
Remarks:
--------------------------------------------------------------------------------

          - Press 'H' for keyboard help.

          - Press '?' for help on available selections.

          - Use right/left arrow to move between selections.
            Press <RETURN> when you are on the selection you want.




--------------------------------------------------------------------------------
Consent  DD139  I&R  Letter  SF1049   MSA-UB92     HELP  EXIT
Produce/Reprint an MSA UB92 for DRG billable patient
```

When a user selects the MSA UB-92 option from the Clerk Action Screen for a DRG billable patient, the system will bring the user to the MSA UB-92 Policy Data screen where they will be able to enter the data necessary to generate a complete UB-92 form.

NOTE:
The MSA UB-92 option can only be utilized for DRG Billable MSA Patients (Pay Patients) whose records have been coded and grouped. If a user attempts to use this option for accounts who do not meet these requirements they will get one of the following applicable warning messages:

"Cannot do MSA UB-92 for account that is not DRG eligible"
or
"Cannot do MSA UB-92 for account that is not grouped"

Sample: MSA UB-92 Policy Data

```
Dt/Time: 29 Apr 1997@1609                                  MSA UB-92 Policy Data
Patient: SHEAROUSE,ANTHONY C                             FMP/SSN: 20/803-72-1117
Reg No.: 6316050              Adm Dt: 16 Mar 1997          Status: O
Pat Cat: USA AD RES <30 DAYS  Dis Dt: 06 Apr 1997       Sales Cd: FRR
Ins Sta:                                                Pay Mode:
Remarks:
--------------------------------------------------------------------------------
             Policy Number:                (Free Text 1-17 characters)
     Insurance Company Name:          (Pulls From Insurance Co File or Free Text)
  Insurance Company Address:                (Free Text 1-50 characters)
City:              (Free Text 1-30 characters)
State:  (Pulls from Geo. File)  Zip: (Free Text 1-10)
       Insurance Group Name:  (Free Text 1-15) Group Number: (Free Text 1-17)
      Precertification Code:                (Free Text 1-15 characters)
         Policy Holder Name:                (Free Text 1-30 characters)
         Policy Holder SSN :                (Free Text 1-11 characters)
    Patient Relationship
           to Policy Holder:          (List of Acceptable Answers Available)
   Policy Holder's Employer:                (Free Text 1-25 characters)
           Employer Address:                (Free Text 1-34 characters)
                                            (Free Text 1-34 characters)
--------------------------------------------------------------------------------
 Help = HELP      Exit = F10     File/Exit = DO
```

Although every field in the MSA UB-92 Policy Data screen is important for completing the UB-92 form, none of the fields are considered "Required" by CHCS and thus each field could be left blank if necessary. As shown above, most fields are free text with the exception of the "Insurance Company Name", "State", and "Patient Relationship to Policy Holder" fields. These fields allow the user to pick acceptable answers from a help list. The "Insurance Company Name" field allows a user to either pick from the list of entries from the Insurance Co File (#8064) or simply enter a free text name. Regardless of a users security access within the system, they will not be able to add entries to the CHCS Insurance Co File from this screen.

Once a user has entered all the pertinent information in this screen, they will file the information at which time the system will prompt them to select upon which printer the MSA UB-92 should be printed. The system does not give the user the option to print a practice UB-92 to align the form within the printer. The system also does not allow the user to produce more than one MSA UB-92 at a time. If there is need for more than one copy the users will need to select the MSA-UB92 option again from the "Forms" action bar and File the information to get to the "Device:" prompt again.

Once the MSA UB-92 has been successfully printed the information entered in that account's MSA UB92 Policy Data will be saved at the account level. Unlike Third Party Collections patients, MSA UB-92 eligible patients do not have their insurance information stored in their registration information and thus MSA clerks will need to continually enter the appropriate data for each of a patient's accounts. The system will not automatically transfer a MSA UB-92 eligible patient's insurance data from one account to another.

3.2.3 File and Table Change

There are no MSA File and Table changes required for successful utilization of this function.

3.2.4 Implementation Issues

Utilization of this option is completely voluntary. Utilizing this function will in no way affect other areas of the system. None-the-less, as with all DRG Billable Accounts, the processing of these accounts depends upon the Clinical Records department coding and grouping the inpatient record in a timely manner.

> **NOTE:**
> As soon as CHCS version 4.6 is loaded Medical Service Accounting offices will be able to utilize this function for all open DRG Billable MSA accounts regardless of when the inpatient episode occurred.

3.2.5 Security Keys

There are no new Security Keys associated with the MSA UB-92 function.

3.3 GENERAL MSA/TPC CHANGES

3.3.1 Overview of Change

There are several MSA/TPC changes included in the 4.6 version of CHCS which have little or no user impact. Nonetheless these changes may affect the accounting principles and standard procedures within the MSA/TPC offices.

3.3.2 Details of Changes

3.3.2.1 Removal of DD2502 and UB-82 Terminology

As of CHCS version 4.6, the system will only refer to the standard insurance billing forms as "UB-92". All references to UB-82 and DD2502 will be removed. This will include:

a) Removal of "DD2502" and "UB-82" from MSA Parameters Definition "Type Insurance Claim Form" field
   Menu Path: MSA>OFM>MPF

b) Change the Option Name from "Form DD2502/UB82/UB92" to "Form UB-92"
   Menu Path: MSA>IFM>OPM>BIL

c) Change Option Name from "Clear DD2502 from Print Queue to "Clear UB-92 from Print Queue"
   Menu Path: MSA>IFM>CPQ

d) Change the Option Name from "Identify DD2502 for Reprint" to "Identify UB-92 for Reprint."
   Menu Path: MSA>IFM>25R

e) Change TPC Delinquent Letter text to read "UB-92" instead of "UB-82/DD2502".
   Menu Path: MSA>IFM>OPM>DLP

3.3.2.2 MSA Related Patient Category Changes

The Paymode and Sales Codes associated with the Marine Recruit (M13) and Navy Recruit (N13) PATCATS have been changed from SF1080/DD7L to DD139 and No Charge (NC) to Subsistence Rate (SR), respectively. This change will basically make all Marine and Navy cadets responsible for the charges incurred during any inpatient episode, though with this change they can now request to have a DD139 created thus authorizing that the charges be subtracted from their pay.

The Paymode associated with the Veterans Administration Beneficiary (K61) has been changed from DD7/DD7A to SF1080/DD7L. Thus the charges associated with these patients' inpatient episodes will be shouldered by Military Finances rather than a separate Government Agency.

The Inpatient Agency Rate for the FAA Air Traffic Controllers Physical Exams (K53) has been changed from the FLEX rate to the IAR rate.

3.3.2.3 MSA/TPC Check Number Field Addition

A new field "Check Number" has been added to all input screens where MSA and TPC users record the posting of payments. This field, though always present, will only be utilized when the clerk entering the payment information identifies the funds collected as a Payment Type of "Check" (K). Once identified as such, the system will allow users to enter a fifteen character alpha-numeric description of the identification number listed on the check submitted for payment. This field is not required and use of this field is optional.

CHECK NUMBER ENTRY SCREENS:

Sample: Cashier Action Screen

```
Dt/Time: 21 Jun 2001@1447                                   REVIEW-POST PAYMENT
Patient: DODD,ALLAN A 1LT                                FMP/SSN: 20/500-50-6515
Reg No.: 10572                Adm Dt: 20 May 2001          Status: O
Pat Cat: USA AD               Dis Dt: 29 May 2001       Sales Cd: SR
Ins Sta:                                                Pay Mode: DD139
Remarks:

 Total Charges to Date:      32.40             Current Balance:      32.40

 ------------------------------------------------------------------------------
   DATE CASH      PAYMENT   TYPE  CHECK            CONTROL
   RECEIVED       AMOUNT    PAY   NUMBER           NUMBER            BALANCE:
  21 Jun 2001       32.40    K     K1498                                  0.00



------------------------------------------------------------------------------
File/exit    Abort    Edit
File changes and exit.
```

Sample: Post Insurance Payments

```
Dt/Time: 21 Jun 2001@1502                      REVIEW-POST INSURANCE PAYMENTS
Patient: ABBA,BERT                                        FMP/SSN: 30/123-46-2222
Reg No.: 0010688              Adm Dt: 21 May 2001             DOB: 13 Feb 1974
Pat Cat: USA DEP AD           Dis Dt: 25 May 2001       Acct St: O
------------------------------------------------------------------------------
                        *** INSURANCE PAYMENT DATA ***

   Insur.Comp.Name: AARP-PRUDENTIAL      Policy #: 145679-C           Type: CO
 ------------------------------------------------------------------------------
  EFFECT DATE  CHECK NUMBER          AMOUNT  PARTIAL PAYMENT REASON      BALANCE
  21 Jun 2001                                                            2245.20
  21 Jun 2001  USAA 4567           2000.00  8  AMOUNT OF COVERAGE         245.20



------------------------------------------------------------------------------
File/exit    Abort    Edit
```

Sample: Copying Charges Screen

```
COPYING CHARGES:  21 Jun 2001                          COPYING CHARGES SCREEN

       LAWYER/LAW FIRM:

     INSURANCE COMPANY: AETNA LIFE AND CASUALTY


             ADDRESS: P.O. BOX 31450
                CITY: TAMPA
        STATE/COUNTY: FLORIDA
            ZIP CODE: 33631


        PATIENT NAME: GRAHM,KRISTEN
                DATE: 21 Jun 2001

            TYPE PAY: K    CHECK
        CHECK NUMBER: BA-1385
              AMOUNT: 20.00

--------------------------------------------------------------------------------
File/exit    Abort    Edit
```

Once the check numbers have been recorded within the system, the information defaults upon the MSA/TPC Standard Invoice and Receipt. The check number can also be viewed through the Review Receipt function in the Cashier Action Screen (CLK). As an added feature, the form DD1131 (Final Cash Collection Voucher) has had an Addendum added which will give a daily list of all payments made by check and the corresponding Check Number for that reporting day. This Addendum will be sorted by Sales Code and then alphabetically by patient name within each Sales Code.

NOTE:
If users did not enter the check number associated with a payment the system will default the term "NO CHECK #" on the Final Cash Collection Addendum.

Sample: Final Cash Collection Addendum (DD1131)

MADIGAN AMC TACOMA WA 05 May 1997 0856 Page 1
Personal Data - Privacy Act of 1974 (PL 93-579)

* * * FINAL CASH COLLECTION VOUCHER ADDENDUM * * *

Check Number	Check Amount	Account Number	Patient Name	FMP/SSN
Sales Code: DP2			COMPLETE DENTURES (PER ARCH)	
NO CHECK #	22.00	A10245	DELEON,ALAIN	20/321-65-4321
HK3546	44.00	A10246	DELEON,ALAIN	20/321-65-4321
Subtotal:	66.00			
Sales Code: FMR			FAMILY MEMBER RATE	
KJ-3465	9.70	6316111	ANDREWS,ADAM Q	01/332-60-8290

MADIGAN AMC TACOMA WA 05 May 1997 0856 Page 2
Personal Data - Privacy Act of 1974 (PL 93-579)

* * * FINAL CASH COLLECTION VOUCHER ADDENDUM * * *

Check Number	Check Amount	Account Number	Patient Name	FMP/SSN
Sales Code: FMR			FAMILY MEMBER RATE {Cont'd}	
Subtotal:	9.70			
Sales Code: SR			SUBSISTENCE RATE	
KF-46643	20.00	6316098	THOMPSON,JAMES	20/805-52-1117
NH-3455	4.75	6316104	ANDREWS,ALBERT LEE	20/259-21-4888
Subtotal:	24.75			
Grand Total:	100.45			

Dining Hall collections and Group Meal sales are not included in addendum
*** End of Report ***

3.3.3 File and Table Changes

There are no MSA/TPC File and Table Changes requires for successful utilization of these functions.

3.3.4 Implementation Issues

All MSA/TPC personnel should be made aware of the affects of the Patient Category changes on the billing process.

Each site should develop standard procedures aimed at successful utilization of the new entry fields for Check Numbers. All MSA/TPC personnel should be given training to assure full compliance.

3.3.5 Security Keys

There are no new MSA Security Keys associated with these software modifications.

3.4 DEFENSE MEDICAL HUMAN RESOURCES INTERFACE (DMHRS)

At time of publication the associated software in the DMHRS system was not yet fully functional. Thus, although the Composite Health Care System is capable of successfully implementing this project, sites must wait until all corresponding software is provided by other responsible vendors.

3.4.1 Overview of Change

With previous versions of CHCS, certain Army facilities utilized an external interface called UCAPERS to capture information such as patient acuity. With the upgrade to CHCS version 4.6, sites of all service affiliations will be able to use the new Defense Medical Human Resources Interface (DMHRS) to calculate such data. This system shall now be available to all Branches of Service as opposed to the previous UCAPERS system which was reserved for the Army.

3.4.2 Details of Change

CHCS has been enhanced to support an HL7 bi-directional interface which automatically transmits from CHCS to DMHRS; patient demographic data, patient admission, transfer, absence, and disposition information. At midnight each day, the DMHRS system will consequently transmit the register number, patient acuity values, and Nursing Care Hours to CHCS. These values shall be stored in the DMHRS Acuity File (#105.9) for later use.

The data transmitted from CHCS to DMHRS will be used by Nursing Personnel to track admissions, transfers, and dispositions of patients so that appropriate acuity values may be assigned to them. The Nursing Care Hours will be reported on the SIDR tape for upward reporting to Biometrics.

Transparent to all users, CHCS will communicate with the DMHRS via messages called "HL7". CHCS will transmit these messages for PAD transactions including, but not limited to;

(1) a patient is admitted — an A01 message is sent
(2) an admission is canceled — an A11 message is sent
(3) an admission is updated — an A08 message is sent
(4) a patient transfers wards — an A02 message is sent
(5) an update to a transfer — an A08 message is sent
(6) a patient swaps beds — an A17 message is sent
(7) a patient goes out on absence — an A21 message is sent
(8) a patient returns from absence — an A22 message is sent
(9) update pt's demog. info — an A31 message is sent
(10) a patient is dispositioned — an A03 message is sent
(11) the disposition is canceled — an A13 message is sent
(12) an update to the disposition — an A08 message is sent
(13) the DMIS ID will be used to route messages to selected divisions.

Although these messages are transparent to the users and do not directly affect the Patient Administration Department, PAD needs to be aware of the how the timely execution of their responsibilities are important to other Functionalities such as DMHRS.

3.4.3 File and Table Issues

There are no PAD File and Table Changes required for successful utilization of this function.

3.4.4 Implementation Issues

This interface is transparent to the PAD users and will not affect standard Patient Administration workflow in any way.

3.4.5 Security Keys

There are no new Security Keys associated with the DMHRS project.

3.5 MASCAL ENHANCEMENTS (Phase II)

3.5.1 Overview of Changes

Incorporated in the new software are various changes aimed at further enhancing the MASCAL Menu Option which was first introduce in the CHCS version 4.5. With CHCS version 4.6, sites will now be able to set up separate MASCAL Events complete with chronological starting and ending times. Associated with these Mascal Events, authorized users are allowed to set up unique MASCAL prefix identifiers which will display on input screens, and provide the ability to have multiple MASCAL events active at the same time. In order to facilitate this new change, all MASCAL File and Table has been relocated from the PAD Parameters (PAR) to the new MasCal Parameters Menu Option (MAS).

Also included in the modified software, three existing MASCAL Reports, (MASCAL Patient List, TAC-STRAT-EVAC Admissions, and TAC-STRAT-EVAC Inpatients), have been updated to display the MASCAL Prefix and the Triage Category Codes. In order to allow sites to divide information pertaining to different events, these reports are now able to be printed by One or All MASCAL prefixes. And finally, a new report, Triage Category, has been introduced to provide an on-demand report which will allow the user to print a list of MASCAL patients by Date Range and Triage Categories.

3.5.2 Details of Changes

3.5.2.1 MASCAL Parameters

Menu Path: MCM>PAD>SDM>MAS
PAD>SDM>MAS

Since sites will now be able to create separate, unique MASCAL Events complete with separate pools of Mascal Numbers, it was necessary to move the parameters affecting the Mascal Functionality to their own option. By doing this, it will guarantee that the regular admission process will not be accidently delayed due to supervisors editing MASCAL information via the PAD Parameters. The new divisionally specific MASCAL Parameters can now be located in the PAD Systems Definition Menu [DG Systems Definition Menu]. Since access to the entire PAD Systems Definition Menu is restricted by the **[DG SYSTEMS DEFINITION]** security key, PAD supervisors who would be responsible for assuring the system is ready to accommodate a MASCAL event should be assigned this key if they do not already have it.

In order for CHCS version 4.6 Mass Casualty to work correctly, the first step in the process is to set up the MASCAL Parameters properly. When the authorized user enters these parameters, the first three fields; MEPRS code, Ward, and Admitting Physician, which used to be located in the PAD Parameters, should already be populated. If necessary, these fields can be updated but it should be understood that whatever is populated in these fields will be defaulted for all MASCAL admissions.

After assuring that these three fields contain the correct information, the user will be brought to the "Mascal Events" section of the parameters. Here, the user will be able to add a new event or edit one which already exists. When adding an event, the user will type in the "Event Name" which will be added to the Event File. Now, with version 4.6, these events will now be divisionally specific and thus users will be presented with a second prompt asking if they wish to add this Event to their division. Once completed the system will display the parameters which need to be populated specifically for that event.

> **NOTE:** When the new software is loaded any MASCAL Events which might already exist within the system will not be included in the new parameters. Their entries in the MASCAL Event file will still exist and, if needed, sites can again add them to the parameters by typing in a double '?' at the MASCAL Event field. The system will provide the user a list of all pre-4.6 entries in the MASCAL Event file from which the user can select. Once one is selected, it will be

necessary for the users to complete the required file and table for each event.

Sample: MASCAL Event Parameters

```
==========================================================================
                        MASCAL Event Parameters

                  Event Name:  EVENT 11/10/97

           Event Description:  Neil Diamond Concert Riot

               MASCAL Prefix:  AB


        Activation Date/Time:  10 Nov 1997@1200

        Completion Date/Time:

Auto Assign MASCAL # ?:                  Last Auto Assign MASCAL # :
```

Once the user is brought to the event specific file and table they are required to provide the following information:

Description - Required field where users can provide a free text description from 3 to 30 characters.

MASCAL Prefix - This field will already be populated by the system with a unique two digit code but if the user chooses, they can edit the system defaulted entry and add their own code assuming that it has not already been used to identify another MASCAL Event. Once an acceptable entry has been added in this field, this index will be appended to the MASCAL number for each patient and will thus be used for identification purposes within the system.

Activation Date/Time - Although not a required field, if this information is not entered the MASCAL Event will not be active and thus will not be available for use.

Completion Date/Time - Should be populated only after that

Auto Assign MASCAL # - Will determine whether or not the system will default a MASCAL number for each patient during the actual MASCAL Admission.

Last Auto Assign # - If the PAD supervisor wishes the system to automatically default MASCAL Numbers during the admission process, he/she will need to populate this field with the number from which the MASCAL Numbers will begin. If no value is entered the system will start the default form "1".

NOTE: Because the system now allows separate File and Table for each MASCAL Event, sites will be able to start the MASCAL Numbers from '0' **for each event**. Thus, they will be able to replenish their prepositioned MASCAL packets by simply replacing those which may have been used in previous events. Although helpful, it should be noted that this may cause problems in the event of two unique MASCAL Events occurring at the same time. In this scenario, if the system were defaulting the MASCAL Numbers, the system would be providing numbers from two separate pools of available numbers while the actual packets assigned by the PAD Personnel would be from just the one group of numbered packets. In this scenario, the best workflow would be to built the File and Table for both events so that the system did not Assign MASCAL Numbers for either event.

3.5.2.2 MASCAL Admissions Modifications

Menu Path: MCM>PAD>MCA

In addition to the changes to the MASCAL Parameters, CHCS Version 4.6 includes several differences in the Mascal Admission process. The menu path by which MASCAL Patients will be admitted has not changed, the MASCAL Admission option (MCA) is still valid. Yet as soon as users select this option they will notice differences in the order and content of the prompts presented.

When users first enter the Mascal Admissions option, they will now immediately be presented with the option to assign a MASCAL,JOHN DOE alias or choose/add a patient from/to the Patient File. Notice that with version 4.6, the default answer to this question is now 'YES'. Once the proper identification of the patient is resolved, the system will display the user a picklist of the open MASCAL events.

NOTE: If a MASCAL Event was not entered correctly in the MASCAL Parameters then the system will inform the user of the problem and restrict him/her from continuing with the admission.

After a MASCAL Event has been identified for the patient, the system will then present to the user the MASCAL Admissions Entry Screen.

Sample: MASCAL Admissions Entry Screen

```
Patient: MASCAL2AA,JOHN DOE                                    MasCal Admission
FMP/SSN: 20/802-01-0621       DOB:              PATCAT: K99    Sex: M
Reg No: 11547           Adm D/T: 21Jun01 1446  Source: DIR   Ward: 9A
                Personal Data - Privacy Act of 1974 (PL 93-579)


MASCAL Prefix/Number : AA 00002    TERRORIST BOMBING (Required Fields)
      Admission Date : 21 Jun 2001@1446              (Required Field)
                Ward : 9A                      (Required Field)
            Room-Bed :                            (Not Required)
       MEPRS/Service : ABAA                        (Required Field)
                 Sex : M                       (Not Required)
 Admitting Physician : CALHOUN,CRAIG M            (Required Field)
    Triage Category : IMMEDIATE                    (Not Required)
Initial Trauma Index : 9                       (Not Required)

Mass Casualty Comment : PATIENT SENT TO LAB          (Not Required)
```

For the most part the screen is the same as the MASCAL Admission Screen found in CHCS version 4.5. But there are some modifications which will change the workflow associated with entering the information for each patient. First, notice that the new MASCAL Prefix now precedes the MASCAL Number. Because this prefix uniquely represents a MASCAL Event, if the user needed to associate this patient's admission to a different MASCAL Event, they could erase the existing prefix by striking the 'Remove' key and then enter the prefix associated with a different open MASCAL event.

Next, notice the new 5 character MASCAL Number. In the prior version of software, when the system defaulted a MASCAL Number, it would do so prior to entering the actual Admissions screen. Now, when instructed to do so in the MASCAL Parameters, the system defaults the next sequentially available number in the admissions screen. If the user needs to assign a different MASCAL number they can simply strike the 'Remove' key and then type in the necessary number. If this combination of MASCAL Prefix and MASCAL number is Unique (i.e. has not been assigned to another patient) the system will accept the number and put it in the 5 digit configuration (with preceding zeros).

Also different in the new MASCAL Admissions Entry Screen is the placement of the Admission Date/time and the Ward information. In the previous version of software, both of these statistics were populated by the user prior to entering the admissions screen. As such, for example in the case of the ward information, if the user had listed the wrong ward information, the user would have to abort the admission and start from the beginning to correct this error. Now, with these to statistics being presented to the user in the MASCAL Admissions Screen any and all edits can be made without needing to 'back-up' in the process.

Finally, the last change within the MASCAL Admission Screen pertains to the 'Sex' field which is now located on the entry screen. Because many MASCAL patients are admitted as 'John Does' the ability to identify the sex of a patient is important information to have both for the care and identification of the patient. For those patients who were positively identified and whose real registration was used in the MASCAL Admission, the sex field will automatically be populated from the information entered in their previous registration. Although this information is not required in the MASCAL Admission screen, when populated this information is displayed on the improved MASCAL Patient List.

All the other fields displayed on the MASCAL Admissions screen; 'Room-Bed', 'MEPRS/Service', 'Admitting Physician', 'Triage Category', 'Initial Trauma Index', 'Mass Casualty Comment', act exactly as they did in the previous versions of software. Yet it should be noted that the Triage Category is now displayed on the MASCAL Patient List, the TAC-STRAT Admission Information, and the TAC-STRAT Inpatient Roster (current).

3.5.2.3 Edit MASCAL Admission

Menu Path: MCM>PAD>MCE

The function of the Edit MASCAL Admission option has not changed. After a user has entered and filed the MASCAL Admission, further updates or edits must be carried out through this option. Of course, the inherent modifications to the MASCAL Admissions screen will also apply to the MASCAL Edits screen. The only substantive modification to this option pertains to the identification of the MASCAL Patient. Previously, when a user entered this option, the system required them to identify the patient by MASCAL Number only. Look-up by name was not allowed. Now, when the user selects this option, they will be presented with a prompt inviting them to 'Enter MASCAL Number or Patient', thus allowing an easier, more efficient method of patient identification. Yet, one must also remember that because use of the new MASCAL prefix allows different MASCAL events to use

separate pools of MASCAL Numbers, it is possible that if a user attempts to identify a patient by their MASCAL Number there will be multiple patients with that identifier.

Sample: Edit MASCAL Admission Patient Identification

```
Select PAD System Menu Option: MCE  Edit MASCAL Admission

Enter MASCAL Number or Patient : 10
1)        MASCAL10AC,JOHN DOE           20/803971121
2)        MASCAL10AB,JOHN DOE           20/804971121

Enter Selection:
```

Notice, in such scenarios the system will provide the user a numbered picklist of all the possible selections within that division. From the information provided the user should be able to identify to patient to be edited.

3.5.2.4 MASCAL Report Modifications

Menu Path: MCM>PAD>MCR>MPL
MCM>PAD>TAC>ALL
MCM>PAD>TAC>INP
MCM>PAD>TAC>TRI

Each of the standard MASCAL reports used by the Patient Administration Department have been updated for CHCS Version 4.6. In addition to the modifications of the existing reports, a new report, the Triage Category Report, has been added to the TAC-STRAT EVAC Reports menu to further assist sites in the tracking and reporting of mass casualty patients.

Each of the three pre-existing PAD MASCAL Reports (MASCAL Patient List, TAC-STRAT Admission Information, and TAC-STRAT Inpatient Roster) have been modified in both sort and content. Due to the new use of the MASCAL Prefix, the system now allows users to break down these reports by MASCAL Event. For each report, the first prompt presented to the user will asked to 'Select MASCAL Event: (O)ne, (A)ll:' with 'All' as the default. For the MASCAL Patient List, if 'One' is selected, the system will present a picklist of all Open Mascal Events. For both the TAC-STRAT Admission Information and the TAC-STRAT Inpatient Roster, if 'One' is selected the system will further prompt the user to 'Select (C)urrent Mascal Event or (A)ll Events' with 'All' being the default.

Of course, the choices made by the user here will affect the display breakdown of the report. Each of the three reports will now have their primary sort display be the Mascal Event. Each also has new fields which will display on the report. These are:

REPORT	**NEW FIELDS**
MASCAL Patient List	Patient Sex Triage Category
TAC-STRAT Admission Info	Admission Diagnosis Triage Category
TAC-STRAT Inpatient Roster	Admission Diagnosis Triage Category

Now, as of CHCS version 4.6, included in the TAC-STRAT EVAC Reports menu is the Triage Category Report. This new report provides the user with an on-demand list of MASCAL patients entered during MASCAL Inpatient processing. The user has the capability to request the report for a specified MASCAL Event, current Triage Category, or Date/Time logged. The report may be requested for One or ALL MASCAL events. If the user selects One event, an additional prompt displays asking the user to choose a current open MASCAL event or All (both open and closed) events. If the user elects to choose one current event, a list of open events will display for selection purposes.

A secondary sort option will further narrow down the report information. For this secondary sort users can choose an applicable category from one of the following; current Triage Category, by Date, Ward Location, Patient Name, MASCAL Number and/Register Number.

Sample: Triage Category Report Sort Prompts

```
Select TAC-STRAT-EVAC Reports Menu Option: TRI  Triage Category Report
Select Primary Sort: (M)ASCAL Prefix, (D)ate Range, (T)riage Category M//

Select MASCAL Event: (O)ne, (A)ll:A//

Enter Start/Earliest Admission Date: -30  (25 Oct 1997)

Enter End/Latest Admission Date: T  (24 Nov 1997)  (24 Nov 1997)

Select Secondary Sort: (M)ASCAL #, (P)atient Name, (W)ard Location,
                       (R)eg #, (T)riage Category, (D)ate, (Q)uit M//
```

Once the preferred sort criteria have been chosen, the Triage Category Report will display the following data elements: Current Triage Category, Hospital Location, Patient Name, MASCAL Prefix, and Date/Time Logged.

Note: If this report is requested for a specific MASCAL Prefix, the MASCAL Event and MASCAL Prefix description shall be displayed in the report header.

Sample: Triage Category Report

```
NAVMEDCEN PORTSMOUTH VA                                  24 Nov 1997 1631   Page 5
                Personal Data - Privacy Act of 1974 (PL 93-579)
                       * * * TRIAGE CATEGORY REPORT * * *
                      From: 25 Oct 1997   To: 24 Nov 1997
MASCAL Prefix: ALL
--------------------------------------------------------------------------------
  Patient Name              FMP/SSN      Register #    Ward Location
    MASCAL #     Admit Date              Triage Category
--------------------------------------------------------------------------------

MASCAL Prefix: AB-PLANE CRASH

  MASCAL62AB,JOHN DOE       20/804971028 10234         MASCAL INACTIVE 2
    00062         28 Oct 1997@1438

  MASCAL63AB,JOHN DOE       20/800971030 10239         9-A
    00063         30 Oct 1997@1639

  MASCAL64AB,JOHN DOE       20/801971030 10240         P-ICU
    00064         30 Oct 1997@1641


MASCAL Prefix: AC-TERRORIST BOMBING

  MASCAL5AC,JOHN DOE        31/800010101 10303         MASCAL INACTIVE 2
    00005         19 Nov 1997@1456         IMMEDIATE

  MASCAL9AC,JOHN DOE        20/802971121 10309         MASCAL INACTIVE 2
    00009         21 Nov 1997@1451

  MASCAL10AC,JOHN DOE       20/803971121 10310         S-ICU
    00010         21 Nov 1997@1518         IMMEDIATE
```

3.5.3 File and Table Changes

As of CHCS version 4.6 all file and table associated with the Mass Casualty Admission process will be located in the new MASCAL Parameter menu option. Post load, PAD supervisors may wish to verify that the three fields which were previously located in the PAD Parameters are correctly populated.

From this point forward, sites should be aware that in the event of a MASCAL incident, they will need to correctly build a MASCAL Event in the MASCAL Parameters before the MASCAL Admission process can be utilized. For specific instructions as to how to do this, please refer to section 3.5.2.1 of this document.

3.5.4 Implementation Issues

There are no new integration issues with MASCAL Phase II.

3.5.5 Security Key

Sites must be cognizant that those users responsible for populating the MASCAL Parameters in the event of a MASCAL incident must either be assigned the existing security key **DG SYSTEMS DEFINITION** or be given the option [DG MASCAL PARAMETERS] as a secondary menu option.

3.6 WORLDWIDE WORKLOAD ASCII FILE MODIFICATIONS

Menu Path: PAD>IRM>CMF

3.6.1 Overview of Change

The existing PAD Worldwide Workload Report functionality summarizes visit and workload data for an individual inpatient division or all divisions for an associated Group ID, by MEPRS and PATCAT. Output is generated in either a printed or ASCII file format.

With version 4.6, the CHCS system has been modified by adding a header and trailer record (each comprised of 47 characters) to the Worldwide Workload Report ASCII file. The addition of the header and trailer will be used to identify the source and content of each generated ASCII file. These changes are transparent to the users and will require no changes to WWR procedures or PAD workflow.

3.6.2 Details of Change

The Worldwide Workload Report ASCII file is typically created on or around the 5th of the month. Prior to the ASCII file's creation, the Worldwide Workload Report for the previous month's data has been complied, edited, and printed by site personnel using the Worldwide Workload Report - Print/Reprint (WLR) option. Once the WWR data has been calculated through the WLR option the ASCII file can be created via the Create Worldwide Workload Report in ASCII format (CMF) option.

The ASCII file is not stored in the CHCS database, but is sent directly to the ETU utility. The ETU then transmits this workload data to the appropriate reporting agency.

Now with CHCS version 4.6, a 47-character header and trailer will be added to the ASCII file to provide both the site and the reporting agency an avenue to easily identify and differentiate each ASCII Record.

A delimeter (ASCII Carriage Return and line feed character) was added to the end of the header, trailer, and each 47-character data segement. Previously, SY_ETU added a delimiter upon transfer, but to expand the use of SY_ETU, the delimeter is now added upon file creation.

The following fields will be included in the WWR ASCII file header and trailer record:

HEADER RECORD LAYOUT

DATA ELEMENT	POSITION	LENGTH	FORMAT
DMIS ID	1-4	4	numeric
Data date Yr & Month	5-8	4	YYMM - 4 numeric for calendar year and month of the reported data.
DMIS ID Description	9-38	30	alphanumeric
Filler	39-46	8	space filled
Record Identifier*	47	1	alphanumeric 'H'

TRAILER RECORD LAYOUT

DATA ELEMENT	POSITION	LENGTH	FORMAT
DMIS ID	1-4	4	numeric
Data date Yr & Month	5-8	4	YYMM - 4 numeric for calendar year and month of the reported data.
Total Number of Bytes	9-20	12	numeric, right justified. Unused positions to the left filled with spaces.
Total Number of Records	21-29	9	numeric, right justified. Unused positions to the left filled with spaces.
Filler	30-46	17	space filled
Record Identifier*	47	1	alphanumeric 'T'

Sample: Worldwide Workload ASCII (Changes are Highlighted)

```
01259704MADIGAN AMC                                  H
0125970404DAAA000                  1         1
0125970404DDEA000                  2         2
0125970404DDZW000                  9         9
0125970404FBIA000                  3         3
0125970404XIKA000                  4         4
0125970404XIPA000                  8         8

                         {Cont.}
0125970401AGHAA41   0    6    6    0         0
0125970400BABAA41   0    0    0    0         1
0125970400BACAN11   0    0    0    0         1
0125970400BGABA11   0    0    0    0         1
0125970400BHDAN11   0    0    0    0         1
01259704        4888      104                T
```

3.6.3 File and Table Changes

There are no PAD File and Table Changes required for successful utilization of these changes.

3.6.4 Implementation Issues

Although helpful, these changes to the Worldwide Workload ASCII File will be completely transparent to all site personnel. There are no changes to the standard Worldwide Workload procedures and thus no effect upon the workflow of the PAD users.

3.6.5 Security Key

There are no new Security Keys associated with this project.

3.7 PAD APV/APU MODIFICATIONS

3.7.1 Overview of Change

In order to facilitate the full implementation of Department of Defense Instruction 6025.8, which defines how MTFs manage ambulatory surgery and other short term care, CHCS has been enhanced so that all aspects of these Ambulatory Procedure Visits will be handled on an outpatient basis. The term "ambulatory procedure visit" (APV) refers a medical intervention or episode of medical care and any related immediate (day of procedure) rendered in an ambulatory setting. Although the terminology

"APV" is often used interchangeably with "same day surgery" (SDS), "APV" is less ambiguous and shall be used in lieu of "SDS" throughout this document.

With the installation of CHCS version 4.6 Ambulatory Patient Units (APU) will be provided software which will enable them to book appointments, check the patients in for their procedure, and track the total minutes of service associated with each APV. In order to fully support all requirements of such visits, changes to several functionalities such as PAS, Common Files, Clinical Order Entry, and PAD were necessary. In order to successfully implement this project, Database Administrators and Project Officers should refer to the Implementation Update Guides for each functionality to assure that every file and table requirement is met.

3.7.2 Details of Change

Although the majority of changes and responsibilities for APVs are directed towards the Patient Appointment Scheduling and Clinical users, the Patient Administration department also has responsibilities and requirements which necessitated changes within the software. CHCS will now support site's efforts to uphold JACHO requirements by tracking Deficient and Delinquent records and record items associated with each APV. Also incorporated in the new software are necessary changes to pre-admission screening, duplicate patient identification and merge, Worldwide Workload Report ASCII file reporting of APVs, patient admission processing, and MSA billing functions. Although not the most important aspect of the Ambulatory Procedure Visit software, the associated updates within the PAD functionality need to be studied and properly implemented to assure compliance with DoD requirements.

3.7.2.1 APV Deficiency/Delinquency Record Tracking

Despite Ambulatory Procedure Visits now being completely managed on an outpatient basis, all record documentation associated with each APV must meet the standards for short-term stay and comply with Joint Commission for the Accreditation of Health Organizations (JCAHO) standards. Since the Clinical Records branch of the patient administration department is already tasked with this responsibility for all inpatient episodes, they will also undertake this task for all ambulatory visits. In order facilitate this workflow, the Deficiency and Delinquency software currently used to identify and track required documentation for inpatient visits has been copied and reapplied for use with APVs as well.

3.7.2.1.1 APV Delinquent Record Tracking Menu

Menu Path: PAD>OUT>APV

An entirely new menu option, APV Delinquent Record Tracking Menu [DG APV DELINQUENT RECORD TRACK] has been added to manage the tracking of all paperwork associated with APVs. This option is now located in the Outpatient Record Menu (OUT) and access is restricted with the new security key, **DG APVUSER**.

Sample: Outpatient Record Menu

```
   TRA     Transmit Outpatient SIDR
   WLO     Workload Audit of Outpatient Visits
   APV     APV Delinquent Record Tracking Menu
```

The APV Delinquency Record Tracking Menu houses six menu options which provide Clinical Records Departments the ability to; create a list of required item and associated actions needed to complete APV records, track and complete individual APV records, arrive records in the clinical records area via batch function, identify missing record items via a batch function, list completed items/actions via batch function, and print of reports associated with the APV record tracking workflow. When fully implemented, these options will provide sites the tools necessary to successfully meet JCAHO requirements for each APV record.

Sample: APV Delinquent Record Tracking Menu

```
   PAR     APV Record Parameters
   DDR     Deficiency/Delinquency Record Entry (APV)
   BAR     Batch Arrival Deficiency/Delinquency (APV)
   BCD     Batch Completion Deficiency/Delinquency (APV)
   BED     Batch Entry Deficiency/Delinquency (APV)
   DOUT    Deficiency/Delinquency Output Menu (APV)
```

Users familiar with the current Deficiency/Delinquency software will recognize many of the options listed above. In fact, as mentioned before, the APV Delinquency Record Tracking software is simply a copy of the same functions used to track inpatient records. Other than the APV Record Parameter, the names and order of the other delinquency options are the same as the inpatient functionality. Although there are a few minor differences in the workflow and required record information associated with APVs, those who will be responsible for utilizing these options will need little to no training to get them comfortable and proficient.

3.7.2.1.2 APV Record Parameters

Menu Path: PAD>OUT>APV>PAR

The APV Record Parameters is a new option which allows authorized users to enter the necessary file and table for APV record tracking in a location which is completely separate from the inpatient record parameters file found in the PAD Systems Definition Menu. Since the responsibility of populating the necessary file and table only rests with the supervisors of the Clinical Records area, access to this menu option is restricted by the new security key **DG APVSUPER.**

APV Record Parameter data is necessary in order to be able to track specific items for completion of APV records. Just like the inpatient version of this software, the system uses the divisionally specific file and table to specify record items, actions and timeframes to fulfill the requirements. Yet, unlike the inpatient version, the APV Deficiency Parameters will have standard record items and action pre-populated in the system. Despite coming prepopulated with some standard items, each site will still be able to add their own record completion and action items for tracking purposes.

In order to populate a site's APV record parameters, a clinical record supervisor with the proper security access will select the APV Record Parameters (PAR) at which point the system will ask them whether they wish to add/edit a record "Item" or a record "Action". If the user opts to add/edit a record Item, the system will present them with the division specific Def/Del Record Completion screen with standard items already populated.

Sample: Division Def/Del Record Completion Screen

```
DIVISION: AIR FORCE OUTPATIENT DIV            DIV APV DEF/DEL REC COMPL


Select RECORD COMPLETION:
CODING
HISTORY & PHYSICAL
PROGRESS NOTES
OPERATIVE REPORT
DISCHARGE NOTE
POSTANESTHESIA NOTE
PREANESTHESIA NOTE
RISK & BENEFIT NOTE
STAFF NOTE

Ask for Help = HELP  Screen Exit = F10  File/Exit = DO
```

Once within the Def/Del Record Completion option, the user's cursor is placed on the pre-populated CODING entry. If the user needs to edit this entry they can simply press the Return key at which point the system will bring them to the sub-screen which deals specifically with the CODING entry. Here the supervisor can edit the Name of the entry, the Abbreviation for that entry, and the timeframe by which the system clocks delinquency of that item. If the site wishes, they can also delete one or all of the standard entries by placing their cursor next to the item on the list, pressing the Return key, thereby selecting that item, and when the system brings them to the sub-screen for that item they can press the Remove key. The system will then ask if they are sure that they wish to delete the entry.

If a user wishes to add an additional item to the list of Record Completion Items they must place their cursor at the first blank line at the bottom of the standard list and type the name of the required item. The system will ask if they wish to add this as a new item. After answering 'Yes', the user will be brought into the sub-screen for that item and the user can identify the desired abbreviation and days to delinquency for this item.

The same process can be followed for the list of actions used to identify what steps need to be accomplished to consider one of the required items complete. This list of Record Actions within the system comes pre-populated with the following entries:

Sample: Standard Record Actions

Standard Record Actions:	Abbreviations:
SIGNATURE	SG
COUNTER-SIGNATURE	CSG
DICTATION	DC

3.7.2.1.3 APV Deficiency/Delinquency Record Entry

Menu Path: PAD>OUT>APV>DDR

Once the supervisor has populated both the Items and corresponding Actions in the parameters, the Clinical Records department is ready to track the record items required for each APV visit. In order to accomplish this task, the responsible users will utilize the Deficiency/Delinquency Record Entry option (DDR). Again, since this option is simply a copy of the software used in tracking the required items for each inpatient visit, those users from the clinical records department should be familiar with the workflow associated with this option. Yet there are a few minor differences of which users should be cognizant.

Upon selecting the Ambulatory Procedure Visit DDR option, users are prompted to "Select Patient Name:". Once the desired patient has been selected from the patient file, the system will present to the user a list of all APVs which are either currently ongoing or have been completed for all divisions. Of course, if a user selects an APV which did not occur in the division to which the user is currently logged, the system will present a warning and restrict them from accessing/working with that record. Also, if an APV was cancelled after marked as "Kept" by the PAS clerk, the visit will still display on the selection list. If the user attempts to select this visit, the system will present a warning and restrict the user from entering the Deficiency/Delinquency Record Entry option.

Each of these visits will be identified by the new "APV Tracking Number" which is assigned to an APV when the patient is checked into the Ambulatory Unit and the appointment is changed to a "Kept" status. These tracking numbers are comprised of the calendar year, month, and day of appointment followed by a generic sequentially accumulating number. It is important to remember that these numbers, though they act like Register Numbers, are in **no way** associated with the inpatient register numbers.

Sample: APV Appointment Selection Screen

```
                                                          12 Nov 1997@1101
                    APV APPOINTMENT(S) SELECTION/CONFIRMATION

Patient Name: FITZGERALD,MARNA


   Tracking #           Appointment Date/Time
-------------------------------------------------------------------------------
   1997-11050005          05 Nov 1997@1503
   1997-11120001          12 Nov 1997@1100




-------------------------------------------------------------------------------
Select/Confirm APV appointment
```

Once the correct APV has been selected the workflow associated with this option will exactly correspond to that of the Inpatient Deficiency/Delinquency. The users will identify the date that the APV record was "Received" in the records room and the physician who performed the procedure. At this time the users will be able to identify the deficient items, the actions necessary for completion, responsible persons, and clinical services (users will be restricted from entering A level MEPRS codes in this field). Of course, when the action has been

completed, users will also use this option to assign a Date of Completion thereby removing that item as a deficient entity.

Sample: APV Deficiency/Delinquency Entry

```
DEFICIENCY: CLINICAL RECORD                DEFICIENCY/DELINQUENCY (APV)

Name : ANDREWS,JULIE           FMP/SSN : 01/687-56-3456       Sex:F
DOB: 07 Jul 1978               Provider: ALEXANDER,MARY
APV #: 1997-03100013          Arrival D/T: 10 Mar 1997@1536
Disp D/T: 10 Mar 1997@1536    Arrive Med Rec : 14 Mar 1997
Tracking Status: C             Delinquent Date: 10 Apr 1997

               Item: HISTORY
      Assigned Date: 22 Mar 1997
             Action: TRANSCRIPTION
 Person Responsible: ALEXANDER,MARY
      MEPRS/Service: BAA5  INTERNAL MEDICINE APU-AIR FORCE
     Operation Date:
            Comment:
     Date Completed:
```

The only differences in the software pertain to the format and content of the information displayed by the system in the progressive header. Overall the design of the header is associated with the APV Def/Del entry screen is different than the header associated with the Inpatient Records. For an APV, the "Arrival D/T:" field refers to the date and time that the patient was checked into the APU by the PAS clerk using their new APV Minutes of Service Enter/Edit option (MAVP). The "Disp D/T:" refers to the time entered in the APV Disposition D/T field also found in the afore mentioned PAS option. All mentions of a "Reg #" have been replaced with the APV identifier, "APV #". And finally, because the APV is an outpatient visit, the field in which the user identifies the physician associated with the visit it referred to simply as "Provider" rather than "Staff Physician". All other function and displays respond exactly as their inpatient counterparts.

3.7.2.1.4 APV DELINQUENCY OUTPUTS

Menu Path: PAD>OUT>APV>DOUT

Information entered through the APV Deficiency /Delinquency option can be printed via the various tracking reports located in the DOUT menu. As with it's inpatient counterpart, the APV DOUT menu is restricted by a security key. The new **DG APVOUT** key will need to be assigned to all responsible users post 4.6 load. To utilize these reports, users will be required to be logged into the division in which the patient had the APV encounter to print delinquency reports for said APV.

The following reports will be available on the APV DOUT Menu.

Sample: APV Deficiency/Delinquency Output Menu

```
1      APV Records Delinquent List
     2      APV Dispositions not Received In Clinical Records
     3      APV Incomplete Check List
     4      APV Incomplete Items APU Summary
```

The content and order of the APV Deficiency/Delinquency reports are similar to the Inpatient Delinquency outputs. However, when applicable; the "APV Tracking Number" will be listed in place of the "Register Number", "APU" will replace the "Ward" field, "Arrival Date/Time" will be listed in place of "Admission Date", "Record Status" will be deleted and "Staff Physician" will be replaced with the term "Provider". Also the Consolidated Clinical Records Report will not be provided for APV records. This report sorts by record status, which will not be applicable to APV records.

Finally, and most noticeably, four of the reports which can be created for Inpatient record tracking have been consolidated into one report, the APV Records Delinquent List. This new 132 column report has multiple sort criteria. Users are allowed to select one of the following items as the primary sort.

- Responsible Person
- Clinical Service
- Incomplete Status
- Patient Name
- Number of Days Late
- APV Tracking #
- Delinquent Item

In order to provide logical and efficient reports, the system will present secondary sort criteria based upon the primary sort selected by the user. For example, the system will default the secondary sort to be APV Tracking Number, and the tertiary sort to be Responsible Person, except when these items are selected as the primary sort. In such cases, if Responsible Person is selected as the primary sort, then APV Tracking Number will default as the secondary sort, with no tertiary sort. And if APV Tracking Number is selected as the primary sort, then the report will have a straight sort with no secondary or tertiary sorts. If, at any point, the Number of Days Late sort is selected, the user will be able to enter any number up to 3 digits. This number will define the minimum number of days that a record is delinquent. The report will list total record counts, as well as subtotals for the primary sort when applicable. A subtotal will

not be applicable if Patient Name or APV Tracking Number are the primary sort.

NOTE: The user will be able to select the following tracking statuses when the Incomplete Status sort is selected:

I -Assigned when items are incomplete and need tracking, but the overall record delinquency date has not yet been reached.
DI-Record is currently delinquent and items have missed their allotted time allowance.

Sample: APV Delinquent Records Sort Screen

```
  ARMY COMMUNITY HOSPITAL                                  08 May 1997@1348

                          APV RECORDS DELINQUENT LIST
_____________________________________________________________________________


   _____________________________[ Sort Options ]_____________________________
Resp Person  Service  Tracking Stat  Pt Name  Item  Days Late  APV#  Help  Quit
Sort by Responsible Person
```

3.7.2.1.5 Batch Arrival Deficiency/Delinquency (APV)

Menu Path: PAD>OUT>APV>BAR

The Batch Arrival option for APV's performs the exact same function as the inpatient version, except that the new APV records are processed. This option, which is designed to "Arrive" all APV records which were created for visits within a specific date range, is hardly ever used in day to day operations. In reality, Clinical Records departments usually have a difficult time trying to collect all the records they need from the wards, or in this case, the APUs. Thus, most Clinical Records departments must handle the arrival process on a record by record basis to assure that every record is received in a timely fashion from the areas of care. If sites were to utilize this option and assume that all records for APVs schedule during the selected date range have in fact been received in Clinical Records, they will most probably list several records which are still in the possession of the APU as being located in the Clinical Records Department. These records would not appear on the "APV Dispositions Not Received in Clinical Records" report

and thus will make it exceedingly difficult to track the true location of these records.

Sample: APV Batch Arrival Process

```
DELINQUENT RECORDS BATCH ARRIVAL (APV)

EARLIEST DISPOSITION DATE/TIME: 01 Apr 1997//   (01 Apr 1997)
LATEST DISPOSITION DATE/TIME: 01 Apr 1997//   (01 Apr 1997)

DATE RECORDS ARRIVED: NOW//
```

The prompts (listed above) are the same used in the inpatient version of this software and basically ask the user to identify the date range of the APV dispositions which they wish to "arrive" in Clinical Records. It is important to remember that the system will not allow the user to list the current date as the "Latest Disposition Date/Time" because the system realizes that this 24 hour period (Today) is not over.

Once the system has processed all the records whose APV Disposition dates fall within the selected date range, the system will automatically send the user who processed the batch the following Mail Bulletin

Sample: APV Batch Arrive Mail Bulletin

```
Subj: Batch Arrive Medical Record Date (APV)
 Fri, 06 May 1997 11:22:53  5 Lines
 From: POSTMASTER (Sender: MOOREHEAD,CRAVIN) (Postmaster)
      in 'IN' basket.  **NEW**
  ---------------------------------------------------------------------------
 APV Delinquent Records Batch processing to set the Arrive Medical Record
 Date to 06 May 1997@1122 for patients dispositioned during the
 period from 05 May 1997@0000 to 05 May 1997@2359 has completed.

 There were 10 APV records processed.
```

3.7.2.1.6 APV Batch Completion Deficiency/Delinquency

Menu Path: PAD>OUT>APV>BCD

This option, which prompts a user to identify an item and corresponding action, will present the user a list of APV records which have this combination still listed as 'incomplete'. From this list the user is able to select those records which have since had the item/action completed. Thus, this option allows users to enter values in the "Date Completed" field for an item/action combination for multiple APV records at one time.

The process associated with this option is exactly the same as the workflow associated with the inpatient record version. The only difference pertains to the content of the list displayed when users pick the records which they wish to process. In the APV Batch Completion option the first column header is displays the "APV #" rather than "REG #".

3.7.2.1.7 APV Batch Entry Deficiency/Delinquency (BED)

Menu Path: PAD>OUT>APV>BED

Again, the process associated with this option is exactly like the inpatient version except that it processes the batches for APV's only. With this option, users can enter an Item, Action, Responsible Person, Clinical Service, Date of Operation, and even Comment. Once this information is entered, the user can assign these parameters to several APV's at one time.

> **NOTE:** Since this function deals with APVs which are an outpatient function, users will not be allowed to enter an A-Level MEPRS codes in the "Clinical Service" field.

3.7.2.2 Inpatient vs APV Screening

In order to support the APV project, the CHCS Clinical Functionality has been modified to allow a separate "APV Page" to be created for each APV visit. Just as a patient can not be in two places at one time, with CHCS only one patient location can be active at any given time, and with Clinical APV Paging only one page can be 'current' at a time. Therefore, with the introduction of APV and the associated clinical "APV Page", the system will not be able to accommodate an active APV encounter and an active inpatient admission at the same time for a particular patient. Similar logic is currently in place to not allow a second admission if a patient is currently an inpatient. Following this logic, an admission will not be allowed until the current APV encounter is completed.

Inpatient Admission Screening

To assure that this does not occur, both the Admission (ADM) and Remain Overnight (RON) options in PAD have been modified to screen each patient to see if an active APV exists. If, while attempting to file an admission, the Date/Time of the admission overlaps a period when a patient is found to have an active APV appointment, the system will inform the PAD user of the conflict. A notification message will be displayed to users explaining why the Admission is not allowed and how to resolve the situation.

If the patient has an active APV encounter (a KEPT APV appointment with no APV Disposition Date/Time entered) the following message will display. This message will display even if the Admission is back-dated prior to the open APV. The 'xxx' will be stuffed with the name of the APU:

Sample: APV - Inpatient Admission Conflict Notification #1

This patient has a current Ambulatory Procedure Visit in the xxx Ambulatory Procedure Unit. The APV will need to be dispositioned or canceled prior to continuing.

If the user enters an Admission Date/Time that falls within a previous APV encounter, the following message will display. The 'xxx' will be stuffed with the name of the APU:

Sample: APV - Inpatient Admission Conflict Notification #2

```
The Admission Date/Time that was entered for this admission is prior to the
Disposition Date/Time of an Ambulatory Procedure Visit (APV) for this patient in
the xxx Ambulatory Procedure Unit. The overlapping date/times will need to be
resolved prior to continuing.
```

In addition, if Admission data is edited through the Admissions option, RON Option, or Correction Management, the system will ensure the Admission Date is not prior to an APV Disposition Date/Time. A notification message will be displayed and the user will need to resolve this before continuing.

Inpatient Disposition Screening

Similar screening will be applied when the user is editing Inpatient Disposition Date/Time. If the Inpatient Disposition Date/Time is edited via the Disposition (DIS) or Corrections Management option and is found to be during a completed APV, during a later open APV, or overlaps the entire APV episode, a notification message will be displayed and the user will be required to resolve this before continuing.

If the Inpatient Disposition Date/Time that is entered is prior to the Disposition Date/Time of an APV episode (i.e. falls within a dispositioned APV), the following message will display. The 'xxx' will be stuffed with the name of the APU:

Sample: APV - Inpatient Disposition Conflict Notification #1

```
The Disposition Date/Time that was entered for this admission is
prior to the Disposition Date/Time of an Ambulatory Procedure Visit
(APV) for this patient in the xxx Ambulatory Procedure Unit. The
overlapping date/times will need to be resolved prior to continuing.
```

If the Inpatient Disposition Date/Time that is entered is after the Arrival Date/Time of a later open APV, the following message will display. The 'xxx' will be stuffed with the name of the APU:

Sample: APV - Inpatient Disposition Conflict Notification #2

```
The Disposition Date/Time that was entered for this admission is
later than the Arrival Date/Time of an Ambulatory Procedure Visit
(APV) for this patient in the xxx Ambulatory Procedure Unit. The
overlapping date/times will need to be resolved prior to continuing.
```

Finally, if the Inpatient Disposition Date/Time that is entered results in an Admission that spans an entire APV episode (or more than one episode) that had previously followed the Admission, the following message will display.

Sample: APV - Inpatient Disposition Conflict Notification #3

```
Due to the Disposition Date/Time that was entered, this admission now overlaps an
Ambulatory Procedure Visit (APV). The overlapping date/times will need to be
resolved prior to continuing.
```

In order to overcome these conflicts, sites may opt to provide PAD clerks access to the new PAS (MAPV) APV Minutes of Service Enter/Edit option to allow them to disposition patients from APUs. If sites provide this option to their PAD users, it can be added as a secondary menu option. Of course to utilize the option the corresponding security key, **SD APV MINSRV**, will need to be assigned as well.

> **NOTE:** It is important to mention that any and all users who have access to the APV Minutes of Service Enter/Edit option should receive proper training to assure their proficiency with this software. (For more details please refer to the CHCS version 4.6 PAS Implementation Update Guide)

3.7.2.3 APV Source of Admission

Menu Path: PAD>ADT>ADM

In order to identify those admissions which might occur as a result of, or subsequent to, an APV, a new Source of Admission called APA (Admission Resulting from APV) has been added in CHCS version 4.6. This Source of Admission, though used to identify patients admitted due to complications during or because of an APV, will be processed by the system much like Direct (DIR) or Emergency Room Admission (ERA). For example, the Admission Resulting form APV Source of Admission will be subject to SIDR edits similar to those applied to Direct or ER admissions. Basically this means that the system will cross reference the APA admission source against all other information entered for the admission to assure logical correlation exists. For example, just like the Direct admission type, a patient admitted with the APA Source of admission will not be allowed to have the Newborn Nursery MEPRS code ADBA assigned to the admission.

Sample: Source of Admission List

```
Patient: FITZGERALD,RAYMOND E                                          Admissions
FMP/SSN: 20/800-65-1130       DOB: 30Nov65       PATCAT: N11    Sex: M
 Reg No: 10584            Adm D/T: 06Nov97 1115  Source: APA   Ward: LARAW
                Personal Data - Privacy Act of 1974 (PL 93-579)
         Adm Date: 06 Nov 1997@1115
    Source of Adm: ??
+-------------------------------------------------------------------------------+
  ABI   INITIAL ADM NON-US MILITARY HOSPITAL, TRF TO MIL MTF (AD ONLY)   ABI
  ABS   AD DIRECT TO NON US MILITARY HOSPITAL NEVER TRNF TO MIL MTF   ABS
  APA   ADMISSION RESULTING FROM APV, DIRECT TO MILITARY MTF   APA
  CIV   INITIAL ADM TO NON-US MILITARY HOSP, MOVED TO MIL MTF (NON AD)   CIV
  CRO   CARDED FOR RECORD ONLY   CRO
  DIR   DIRECT TO MILITARY MTF FROM OTHER THAN ER OR APU   DIR
  ERA   ER, DIRECT TO MILITARY MTF   ERA
+ NB   LIVE BIRTH IN THIS HOSPITAL   NB
+-Make choice = SELECT----------------------Exit = F10--------------------------+
     Geo Location:
   Injury Comment:


  Register Number:  10584
```

Once having uniquely identified those admissions which were filed as a result of an APV, sites can create reports designed to display information specific to these inpatient episodes. One such report now comes standard with CHCS version 4.6. Located in the Facility Quality Assurance functionality, the Ambulatory Procedure Visits (QAP) option will generate a list of all patient who were admitted with the APA Source of Admission for either one division or the entire Group, during a specified date range.

Once the CHCS version 4.6 software is loaded, sites are responsible for implementing procedures aimed at effectively and consistently utilizing this new Source of Admission.

3.7.2.4 APV Duplicate Identification and Merge Screening

Menu Path: PAD>ROM>PMM>IDP
PAD>ROM>PMM>MPD

With CHCS version 4.6 the Patient Merge software will be modified to prevent patients which have a current or future APV appointment from being identified or merged via the duplicate patient processing software. This modification will prevent problems which could occur with the orders placed on the new APV clinical page during the merge process. This condition will not be permanent as the patients will be able to be identified and merged once the APV activity is complete.

When a user enters the Identify Duplicate Patients or the Individual Duplicate Patient Search option and enters the requested information for the Duplicate and Correct patients, CHCS will verify that either patient does not have a current or future APV page. If this is true, then the identification process can continue. If either patient has a current or future APV page, then the following message will display and prevent the user from identifying these patients as duplicates to be merged.

> **Note:** This message will specify whether it is the 'correct' or 'duplicate' patient (or both) that has the APV episode and will be displayed as soon as the patient has been entered. Only one of the bracketed statements listed below will display (whichever one is appropriate to the situation).

Sample: APV Duplicate Patient Identification Notification

```
There is a current or future Ambulatory Procedure Visit (APV) episode for the
[correct]/[duplicate]/[duplicate and correct] patient(s).  Following the APV
episode you can then identify the patient for duplicate patient processing.
```

o allow for the scenario that the APV patient has been identified prior to V4.6 software load, and not merged yet, or the scenario that a patient has been identified as a duplicate and a subsequent APV appointment is scheduled prior to merging the patients, similar screening has been added to the Merge/Transfer Patient Data option.
When the user enters the duplicate patient to be merged, CHCS will verify that both patients do not have a current or future APV page. If either patient does, the following message will display and prevent the user from merging these patients.

Sample: APV Duplicate Patient Merge Notification

```
There is a current or future Ambulatory Procedure Visit (APV) episode for the
[correct]/[duplicate]/[duplicate and correct] patient(s).  Following the APV
episode you can then merge the duplicate and correct patients identified above.
```

3.7.2.5 APV Worldwide Workload Report ASCII Data

The Worldwide Workload Report ASCII file has been enhanced to contain data for Ambulatory Procedure Visits. Currently, in CHCS version 4.5, APV data is displayed on the Worldwide Workload Report, but is not transmitted in the WWR ASCII file. Now with version 4.6 a new Item (source) code of "14" has been created to indicate APVs in the ASCII file. Also, in order to inform the

users of this modification, the Worldwide Workload Report footer displayed on the report itself will be expanded to provide details of the change.

Sample: Revised Worldwide Workload Report Footer

```
**Ambulatory Procedure Visits are INCLUDED in the Outpatient Visits Column by B
Level MEPRS Code, as of CHCS Version 4.5. Ambulatory Procedure Visit data is
displayed in Item Code 14 in the Worldwide Workload Report ASCII file, as of CHCS
Version 4.6.
```

Although the workflow associated with creating the Worldwide Workload ASCII file has not been modified, there is a change within the system process. With CHCS version 4.6, when writing the ASCII data records, the system now retrieves the Ambulatory Patient report data totals for Item code "00" (Basic), and inserts it in the new Item code "14" under the Outpatient Visits section of the WWR ASCII file. In doing so, the APV data displays in both the Item Code "14" area and the in the APV and other clinic visits in Item Code "00".

Sample: Complete List of WWR ASCII File Item Codes

```
00 = Basic (newborns not born in this facility and all other admissions)
01 = Live births (newborns born in this MTF- Source of Admission is 'L')
02 = Absent sick
03 = Bed Capacity
04 = Ancillary Services
05 = Venereal Disease
06 = Reserved (Army)
07 = Reserved (Army)
08 = Bassinet Capacity
09 = Personnel Excused from Duty
10 = Absences
11 = Transients (RON)
12 = Dispositions and Cumulative Days
13 = Vasectomies
14 = Ambulatory Procedure Visits
```

3.7.2.6 APV MSA Billing Procedures

In special circumstances Medical Treatment Facilities may treat patients who are responsible for paying for all charges associated with their Outpatient Visit. In such cases, for normal outpatient visits, MSA personnel build an outpatient account through the Outpatient Accounts Edit (OPE) option using either a variable rate or a fixed rate manually added to their system at the beginning of the fiscal year.

For the new APV visits, the same rules will apply with rather subtle changes as to how the system decides what rates the individual should be charged. As with other outpatient visits for "Pay Patients" MSA users will create a new outpatient account via OPE. But at the point where the user is prompted to identify the "Visit Date/Time" the user must enter a date upon which the patient actually had an Ambulatory Procedure Visit. This requirement is different from "normal" outpatient visits where CHCS does not have any search logic to verify that an outpatient visit occurred.

Later, in the "Review-Post One Time Charges" screen, when the user is prompted to identify the Charge Category for this visit, MSA users will enter "APV" for applicable Ambulatory Procedure Visits. This is a new code which is not really built in the standard MSA Rate Table. Instead it is a pointer built into the system which will prompt the system to look at the Patient's PATCAT to identify what Charge Category is listed for that patient's "Outpatient Individual Sales Code". If that rate is either FOR or IOR (IMET is not assigned to any PATCATs for Outpatient Individual Sales Codes) the system will look to the DD7A Billing Table (See Section 3.1.2.2 of this Document) to find the correct APV dollar amount for that rate. The official rate (found in the Standard MSA Rate Table) will replace the "APV" pointer which was entered by the user. Also, the "Description" field will automatically be populated with text programmed into the software. Because the official rates are built into the Standard MSA Rate Table as variable rates, at the "Quantity" field the only acceptable answer would be "1". At this point the system will default the populate the "Amount" field with the correct dollar amount from the DD7A Billing Table.

Sample: APV MSA Outpatient Account

```
Dt/Time: 14 Jan 1998@1636                          REVIEW-POST ONE TIME CHARGES
Patient: FITZGERALD,RAYMOND E                          FMP/SSN: 20/800-65-1130
Act No.: NEW ACCT                                       Status: O
Pat Cat: CIV FAC USUHS          Vis Dt: 14 Jan 1998    Sales Cd: IOR
    Ins: No valid policy exists                        Pay Mode:
Remarks:
 ------------------------------------------------------------------------------
 Total Charges to Date:       0.00              Current Balance:       0.00
                                              Amount Transferred:       0.00
   EFFECTIVE     CHARGE
      DATE      CATEGORY   DESCRIPTION                          QUANTITY    AMOUNT:
  14 Jan 1998      IOR.A   BAA5 charges for IOR.APV                 1       699.00


 Press <RETURN> to Position Cursor
```

Now, because these are standard MSA outpatient accounts, they, and their associated amounts, will appear on the site's Active Accounts Receivable. When paid, the monies will be deposited to the Fund Descriptions associated with the rate.

3.7.2.7 APV DD7A Billing

For those DD7A eligible patients who have completed Ambulatory Procedure Visits, the billing process will act exactly like the DD7A billing process for regular DD7A outpatient visits. The one exception, is that for APV visits, the charge added to the DD7A Monthly Bill will be the APV rate assigned to the B**5 MEPRS code in the DD7A Billing Table for that PATCAT.

For a better understanding of the DD7A process as it applies to both regular outpatient and APU visits, please refer to Section 3.2 of this Document.

3.7.3 File and Table Changes

In order to properly utilize the APV Deficiency/Delinquency Record Menu, each site must add the necessary record items and actions to the APV Record Parameters. For detailed directions as to how to accomplish this process, please refer to section 3.7.2.1.2 of this document.

3.7.4 Integration Issues

Workflow associated with the new APV software is strongly integrated amongst several functional areas. PAD Supervisors would be advised to initiate communication with their counterparts in the Patient Appointment Scheduling workcenters to assure efficient utilization of this software.

3.7.5 Security Key

There are three new PAD Security Keys associated with this new software. These keys are:

-- DG APVOUT= Security key restricts access to the report menu of the APV Delinquent Record Tracking Menu. This key should be given to All Clinical Records personnel responsible for APV record completion.

-- DG APVSUPER=	This security key restricts access to the APV Parameters option of the APV Delinquent Record Tracking Menu. This key should be given to the Clinical Records Supervisor
-- DG APVUSER=	This security key restricts access to the APV Delinquent Record Tracking Options. This key should be given to All Clinical Records personnel responsible for APV record completion.

3.8 CORRECT ICU WARD FILE AND TABLE

3.8.1 Overview

As of CHCS version 4.41 MU1 changes in the software have allowed MTFs to track the time a patient spends on an ICU ward and identify which clinical service referred the patient to the ICU ward. The ability to track this information is helpful, as the output of correct ICU workload data is vital to an MTF's resources and accountability.

It has been discovered that some sites have had difficulty successfully implementing this project while others initially made the correct changes only to have them undone during subsequent file and table edits. This section will strive to describe in detail how authorized users can successfully build multiple ICU services for a single physical ward location, thus providing correct ICU workload data for the MTF

3.8.2 Details of File and Table

Prior to CHCS version 4.4 MU1, ICU patients were identified by the MEPRS code which was assigned to them at the time of admission or transfer. Unfortunately, due to user error, this procedure did not effectively capture the correct workload counts associated with these ICU patient's. In many instances, users were incorrectly assigning MEPRS codes at the time of admission or were forgetting to update the patients MEPRS code when the patient was transferred off the ICU ward. In order to overcome this issue, it was decided that the locations of care would be identified as Intensive Care Units instead of the patients being assigned this status via their current MEPRS code. With this workflow, the Hours and Minutes of service provided by an ICU ward could be counted based upon the time a patient spent on the ICU ward. Thus, the system would count the amount of time that a patient was actually physically located on the ICU Hospital

Location. Since the date/time entered into the system for a patient's admission, transfer, and disposition is based upon the time entered in the patient record, this manner of accounting ICU workload is much more accurate.

With the introduction of version 4.4 MU1, two new fields were added to the Ward Location file to capture information about ICU wards. The first new field requires the user to enter "Y" (YES) at the ICU Ward Flag prompt to identify that Hospital Location as an ICU. The second new field is for the Referring MEPRS.

In order to successfully identify a ward as an "ICU", and thus correctly capture the associated workload, authorized users must fulfill these steps in creating or editing ICU wards. First, for Intensive Care Wards, 'YES' must be entered in the "ICU Ward Flag" field. In doing this the user is informing the system that this Hospital Location is in fact an Intensive Care Unit. After that, the users needs to assign the ward a MEPRS code. For ICU Wards, the MEPRS code assigned must be one of the 5 standard ICU codes:

AACA	CORONARY CARE UNIT
AAHA	MEDICAL INTENSIVE CARE
ABCA	SURGICAL INTENSIVE CARE
ADCA	NEONATAL INTENSIVE CARE
ADEA	PEDIATRIC INTENSIVE CARE

By assigning one of these MEPRS codes to the ward, the system will be able to identify which Intensive Care Unit was responsible for providing care while the patient was physically located on the ward.

Next, for ICU wards, a Referring MEPRS Code is needed. This code is used to track hours in the ICU ward back to the clinical service that referred the patient. A Referring MEPRS Code may be any inpatient MEPRS code except one of the five specially assigned 'A' level ICU MEPRS codes. When a patient is admitted directly to an ICU ward, the MEPRS field located on the admissions screen will default to the referring clinical service built for the ICU ward in the Ward Definition File. The user may edit the admission screen MEPRS/Service field, if necessary. Clinically activated wards will not have a default through order entry. The default MEPRS/Service is only for PAD users entering data for clinically inactive wards.

After these 3 fields are properly populated the remainder of the File and Table for that ward can continue just as it would for any other non-ICU ward. In reality, the steps necessary for setting up the ICU Ward locations are easy. But there are instances, such as when users need to create multiple ICU's for a single physical ward location, which can be tricky. It is, of course, up to each MTF to set up their ICU's in a manner which

best suits their needs. But in such instances, the use of namespacing is highly recommended.

In order to overcome this rather difficult issue, possibly the best way is to utilize the "Ward Abbreviation:" field in the Ward Definition file when creating the different ICU wards. If one builds the multiple ICUs which are located on the same physical ward and assigns a similar (yet unique) abbreviation for each, then, when the users at any field where they are prompted to identify what ward the patient is to be placed, a pick list of the three wards will be presented and the user will be able to choose the correct ward.

For example: If ward 2C housed 3 ICU's, i.e. Medical Intensive Care, Coronary Care Unit, and Surgical Intensive Care, the following may be used:

Abbreviation	**Intensive Care Service**
2C C	Cardiac Care Unit
2C M	Medical Intensive Care Unit
2C S	Surgical Care Unit

The EXAMPLES below displays how a user may create these multiple ICU services for a single physical ward location.

Sample: Ward Definition Entry, Coronary Care Ward

```
MCDONALD army COMMUNITY HOSPITAL                      Ward Definition
 ---------------------------------------------------------------------------

               Ward Name:  CARDIAC CARE UNIT
     Ward Abbreviation:  2C C
         ICU Ward Flag:  Yes
            MEPRS Code:  AACA   CORONARY CARE UNIT ARMY
  Referring MEPRS Code:  AAAA   INTERNAL MEDICINE-ARMY
       Cost Pool Code:
         Ward Service:  INTERNAL MEDICINE SERVICE
       Ward Mailgroup:
             Division:  ARMY INPATIENT DIVISION
       Visiting Hours:

   Ward Synonyms:
     CICU
     2C C
     2C M
     2C S

   Rooms:
     1
     2
```

Sample: Ward Definition Entry, Medical Intensive Care Ward

```
MCDONALD ARMY COMMUNITY HOSPITAL                          Ward Definition
 ------------------------------------------------------------------------
           Ward Name:  MEDICAL INTENSIVE CARE UNIT
   Ward Abbreviation:  2C-M
       ICU Ward Flag:  Yes
          MEPRS Code:  AAHA   INTENSIVE CARE (MED) ARMY
 Referring MEPRS Code:  AAAA   GENERAL MEDICINE-ARMY
      Cost Pool Code:
        Ward Service:  INTERNAL MEDICINE SERVICE
      Ward Mailgroup:
            Division:  ARMY INPATIENT DIVISION
      Visiting Hours:

 Ward Synonyms:
  MICU

 Rooms:
```

Sample: Ward Definition Entry, Surgical Intensive Care Ward

```
MCDONALD ARMY COMMUNITY HOSPITAL                    Ward Definition
 ------------------------------------------------------------------
                Ward Name:  SURGICAL INTENSIVE CARE UNIT
        Ward Abbreviation:  2C-S
            ICU Ward Flag:  Yes
               MEPRS Code:  ABCA INTENSIVE CARE (SURGICAL) ARMY
     Referring MEPRS Code:  ABAA GENERAL SURGERY ARMY
           Cost Pool Code:
             Ward Service:  GENERAL SURGERY SERVICE
           Ward Mailgroup:
                 Division:  ARMY INPATIENT DIVISION
           Visiting Hours:

     Ward Synonyms:
       SICU

     Rooms:
```

When finished, the three separate ICU ward locations which have been built in the system will appear as a picklist any time a user enters "2C" when identifying the ward. From this picklist the Ward Name, which will appear to the right of the Abbreviation, will provide the user the information necessary to choose the correct location.

Sample: ICU Ward Picklist in Admission Entry Screen

```
Patient: KIBBY,EVELYN                                                  Admissions
FMP/SSN: 20/500-50-6615       DOB: 04Oct74       PATCAT: F11    Sex: F
 Reg No:                   Adm D/T: 21Jun97 1017  Source: ERA   Ward:
                 Personal Data - Privacy Act of 1974 (PL 93-579)
         Adm Date: 21 Jun 1997@1017
    Source of Adm: ERA
         Adm Ward: 2C                              Room-Bed:
+-------------------------------------------------------------------------------+
  2C-C   CARDIAC INTENSIVE CARE UNIT   WARD   MADIGAN ARMY HOSPITAL   AACA
  2C-M   MEDICAL INTENSIVE CARE UNIT   WARD   MADIGAN ARMY HOSPITAL   AAHA
  2C-S   SURGICAL INTENSIVE CARE UNIT   WARD   MADIGAN ARMY HOSPITAL   ABCA



+-Make choice = SELECT----------------------Exit = F10-------------------------+
   Injury Comment:


  Register Number:  NEW
```

NOTE: Some sites already effectively use namespacing in the Ward Abbreviation field to help users identify to which Inpatient Division the wards belong. Since the Ward Abbreviation field allows an entry 6 characters long, this standard procedure can still be followed. In such instances, the first character will be used to identify the division to which the ICU ward belongs while the other characters can be populated as described above. For example, and Surgical ICU ward located at Madigan Army Community Hospital would have it's Ward Abbreviation field populated in such a way: M 2C-S

3.8.3 File and Table Issues

This whole section is dedicated to the proper File and Table associated with ICU wards. Sites should understand the importance of this issue and strive to correct any mistakes which may exist at their site.

3.8.4 Implementation Issues

Users should be cognizant of the fact that namespacing multiple ICU's for a single physical ward location will impact some reports. For example, the Ward Nursing Report on the AOUT menu, the Dispositions Not Received in Clinical Records on the DOUT menu, and the Diet Roster display by Ward Name and print out alphabetically.

3.8.5 Security Key

There are no new Security Keys associated with this software.

****

Appendix A :

GENERIC/COMMON FILE CHANGES

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A.1 SUMMARY OUTLINE.

This Section provides a brief summary of the software changes in CHCS Version 4.6 from baseline CHCS Version 4.5 which affect CHCS common files.

A.1.1 UIC TOTAL SOLUTION.

The ability for users to use free text to designate a Station/unit in mini and full registrations (The "Use as is?" option) has led to a number of coding and data inconsistencies across all of CHCS. Changes have been made to force users to select entries which are contained within the Unit Identification Code file. In addition, a conversion has been written to try to convert all of the free text entries to valid entries. Many new options have been developed to maintain the UIC file and make it easier for users to select an appropriate Unit for patients.

A.1.2 MTF DATA NO LONGER SUPPORTED.

The Medical Treatment Facility (MTF) File has been used historically in CHCS to designate the Medical Treatment Facilities belonging to the Department of Defense and other facilities with which they associate. As such, entries in this Class 1 file have been used throughout the software to not only designate individual facilities but to also designate the CHCS platform at an individual site. This file will now be editable. Sites will no longer have to choose a value from this file to define their site, instead they will be able to create a "Host Platform Name".

A.1.3 PROVIDER AND PLACE OF CARE INACTIVATION.

CHCS presently allows authorized CHCS users to inactivate providers and hospital locations by more than one method. CHCS will now maintain consistency when inactivating a provider either by entering an inactivation date in the Provider file, or when DBA-Inactivating Providers. There will also be consistency for the inactivation of Hospital Locations.

A.1.4 E-LEVEL MEPRS EDIT.

CHCS will prevent the entry of an inappropriate requesting location in the DEFAULT LOCATION field in the User Order-Entry Preferences option and in the LOCATION field in the Provider file.

CHCS will also produce two new reports to identify discrepancies for existing data in the Hospital Location file. One report lists hospital locations, when the Group IDs for the location and the location's MEPRS code are not equal. The second report lists hospital locations that have an inappropriate MEPRS code based on the Location Type.

A.1.5 MEPRS PARENT ADDED TO DMIS ID FILE.

SAIC will modify the CHCS DMIS ID Codes file #8103 to include all fields currently provided in the source data file which CHCS receives. CHCS will be modified to use the MEPRS (EAS) PARENT field (new) to determine if a division's workload is eligible for Workload Assignment Module (WAM) workload reporting.

A.1.6 CHANGES TO SUPPORT APV.

When patients are surgically treated and released within twenty-four hours, workload reporting is processed as outpatient workload under the new category entitled "Ambulatory Procedure Visit" (APV). This enhancement requires that the Ambulatory Procedure Units (APU) be set up as unique hospital locations. These APUs have a location type of "Ambulatory Procedure Unit," that replaces the existing "Same Day Surgery" location type.

When defining MEPRS Codes, the system allows the user to flag the appropriate MEPRS Codes as APU MEPRS codes. Additionally, the system allows the user to define the corresponding DGA* MEPRS Code for hospital locations defined as "Ambulatory procedure units" that also utilize an "APU" MEPRS code. This will enable CHCS to record minutes of service for APV workload, and attribute it to the appropriate MEPRS code.

If the patient's APV encounter requires an inpatient admission, the system allows the user to assign the new corresponding Source of Admission Code, "APA - Admission Resulting from APV."

A.1.7 REVISE PROVIDER SCREENS AND PROVIDER FILE.

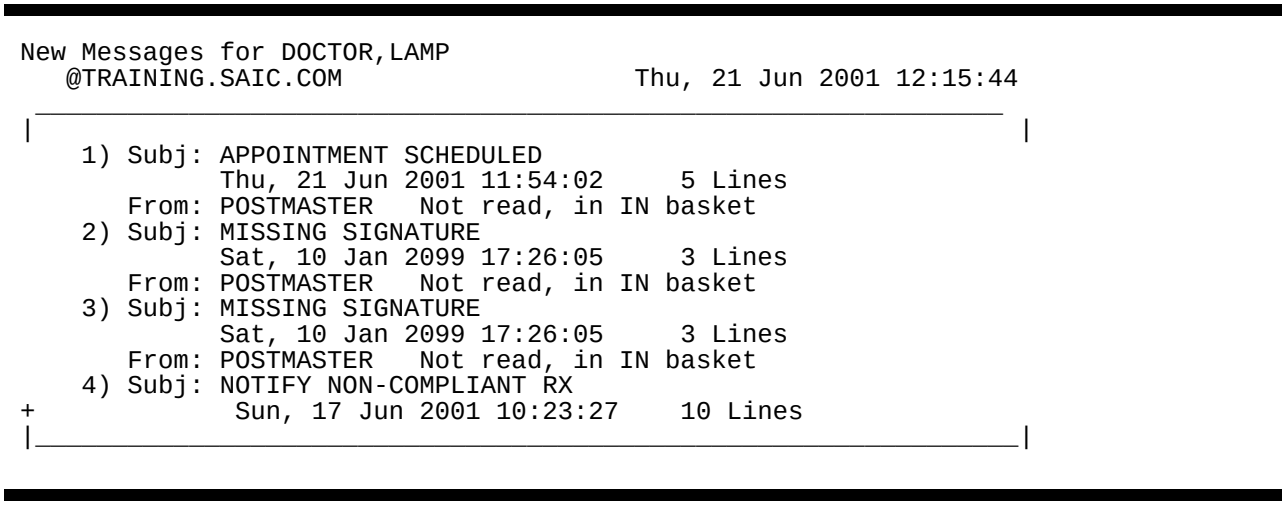
This change redesigns the Provider File Enter/Edit screens and removes obsolete data elements from the provider file. Obsolete data elements have been removed from the provider screens and remaining elements have been rearranged for a more logical grouping.

MailMan Enhancements

The List New Messages (LNM) option on the CHCS user's Mailman menu now offers the user a window screen format for viewing and selecting messages and responses to read. This window allows the user to scroll through back and forth through the list to decide which messages to read. Press the select key, only, next to the subject and the message will display. Once the user is finished reading the message and chooses a Message Action the new message window will return for the user to select another message.

Scrolling options include the standard uses of the up or down cursor keys, the [F7] key for bottom of the list, the [F8] key for top of the list and the NextPage/Previous Page keys.

Sample Screen



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Appendix B :

MASTER CHECKLIST

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TABLE OF CONTENTS

GENERIC CHECKLIST ITEMS FOR ALL USERS

B.1 USER TRAINING.

B.1.1 CLN.

It is recommended the site request Implementation Support for training and user assistance in the new clinical enhancements for this activation.

It is recommended that HCP-level users (Classes 2-4) and Nurse/Clerk-level users (Class 0-1) attend separate demonstrations for clinical enhancements that will be utilized.

Training sessions should include a brief introduction demo covering the Inappropriate Requesting Location changes, and an overview of the Transportable Patient Records, Duty Station and UIC enhancements. Classes should be organized to include the topics below.

HCP-Level users: (Determine length of class by topics)

Introduction Demo	(15 min)
Progress Notes	(30 min)
Discharge Summaries	(30 min)
Problem Lists	(30 min)
Consult Results	(1 hour)
APV Order Entry	(30 min)

Nurse/Clerk-Level users: (Determine length of class by topics)

Introduction Demo	(15 min)
Progress Notes	(15 min)
Discharge Summary	(30 min)
Problem Lists	(15 min)
Consult Results	(1 hour)
APV Order Entry	(15 min)
Immunization Enter/Review (Nurse-level)	(30 min)
Nursing Due Lists	(1 hour)

It is recommended that supervisory personnel, responsible for File and Table maintenance, attend a separate demo to cover the requirements for Progress Notes, Immunizations, Clinical Site Parameters, Consult Procedures, Discharge Summaries and Transportable Patient Records. Transportable Patient Records training is not covered in the core classes.

It is recommended that users who will be responsible for entering APV Minutes of Service attend the PAS demonstration covering this option.

B.1.2 COMMON FILES.

It is recommended that Data Base Administrators attend a two hour demo.

B.1.3 LAB .

There are two LAB IUG documents to reference for this upgrade:

(a) IPDWC Interface to COMED AP: MPL Enhancement DS-IMPL-5000
(b) This IUG: Upgrade to CHCS Version 4.6

A 1.5 hr. demo of general 4.6 changes is recommended for Lab Supervisory Personnel prior to activation. The familiarization training plan is recommended as an alternative if a demo is not possible.

If APCOTS is not ACTIVATED or if the MPL enhancement has already been implemented, a 2 to 3 hour block of time for demo or self study is estimated for a user familiar with CHCS Lab F/T maintenance to prepare for this upgrade. Sites without users familiar with Lab F/T maintenance have two logical choices, (1) subscribe to standard CHCS training {est. 2-3 days} or (2) request onsite outside assistance.

If the site is preparing to activate APCOTS, an additional 2-3 hours is recommended for demo and to answer site questions.

Attendance: Lab KEY POC's: Managers, F/T maintenance, Anatomic Pathology, senior supervisory personnel, Quality Assurance and Lab Trainers.

B.1.4 MCP.

USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

1. MCP Supervisors, MCP F/T personnel -Screen #1 of change		5 min demo Handout

SET PCM CAPACITY FOR MEDICARE ENROLLEES

1. Enrollment Clerks	Demo	15 mins
2. MCP Supervisors & F/T personnel (includes Enr clerk's demo)	"	30 mins
3. Systems/MCP Sup./F&T personnel Handout: Exception Report		

LIST ONLY PCM GROUP MEMBERS IN HELP TEXT

1.	MCP Booking Clerks	15 mins
2.	Health Care Finders	15 mins
3.	MCP Supervisors	15 mins

DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED

1.	All Users	Handout of the new screens ...

AUTOMATIC ELIGIBILTY CHECK FOR CONDITIONAL ENROLLMENT

1.	MCP SUPEVRVISORS	Handout - This Change

AD ASSIGNMENT TO EXTERNAL PCM

1.	Tricare Enrollment Clerks	15 mins
2.	Tricare/MCP Supervisors	30 mins
3.	MCP F/T personnel	60 mins

(Class for F/T includes Clerks & Supervisors demo)

PROVIDER PLACE OF CARE INACTIVATION

1.	PAS and MCP Supervisors	30 mins

UIC TOTAL SOLUTION

1.	MCP Clerks	15 mins
2.	DBA Common Files	Refer to CF IUG

EBC

Refer to EBC IUG.

B.1.5 PAD/MSA.

It is recommended that PAD supervisors attend the 1 hour supervisory demo plus the 1.5 hour clerk/general user demo. MSA supervisors and clerks should attend the 1 hour MSA demo.

B.1.6 PAS.

A 2 hour demo is recommended (1 hour for APV users; 1 hour for other PAS users), to be attended by Facility Trainers, Booking personnel, Clinic Supervisors, and PAS file and table POCs.

(See MCP section as well. Sites using MCP may want to combine demos) it combined, schedule a 3 hr. time slot.

B.1.7 PHR.

The time required for training may vary from site to site depending on the functions utilized. Bar Code, the Dispensing Option Enhancement and/or Quick Dispense are optional. The latter two are dependent upon the use of the Ver 4.5 Dispensing Option. If the site chooses not to use any of these, then the remaining changes, except for RX Number Consistency and FDB III, are either passive in nature or will affect supervisory personnel only.

A 1 hour demo is recommended for familiarization training. An additional hour is estimated to demo the Dispensing Option Enhancement, Quick Dispense, and Bar Code changes.

B.1.8 RAD.

RAD USERS: File and Table supervisors should attend a two-hour training demonstration for both modifications to the Print Pull List and Scheduling Parameters Modifications. Both will require file and table maintenance.

File room personnel should attend a one-half hour demonstration on the new Print Pull List option.

B.1.9 MRT.

PAD USERS: Users who are responsible for retiring records to NPRC or transferring records within their CHCS network should attend a two-hour functionality demo/training. This would include all PAD POCs, file room supervisors and personnel responsible for performing transfer/retire tasks.

PAD USERS: If MRT clerks will be creating APV records, they should be available for an APV record creation demonstration of about 30 minutes.

PAS/MCP USERS: If PAS supervisors are going to create a file room for APV records, they need one on one training (if they do not know how to create a file room) of about 30 minutes.

SITE MANAGERS and SYSTEM SPECIALISTS: It is recommended that site personnel responsible for formatting the Record Index/Shipment Data File to ASCII attend a one on one demo of about 30 minutes.

B.2 IMPLEMENTATION ISSUES.

B.2.1 CLN.

Before the Install:

____ 1. It is recommended that the site assess the way they are currently using Consult Orders and determine whether the Consult Results option will be used. Gather data for the File and Table build to be entered post load to include Consult Names and type; Consulting Clinics and Providers; Devices, etc.)

____ 2. It is recommended that the site gather data related to the Ambulatory Procedure Units that are currently in use for File and Table build post load. Coordination with PAS, PAD, MEPRS and Systems Admin is required for this effort.

____ 3. The site should establish what pre-positioned data will be entered for Patient Instructions and Discharge Summary Text to support the Discharge Summary enhancements. Patient Instructions can be entered before the load.

____ 4. It is highly recommended that the site appoint a contact person for Immunization file and table build. This information should be available post load for all immunization file and table requirements.

Post Install:

___ Communicate with other areas and verify that all APV File and Table has been completed before use of this option can be implemented.

___ Assign the necessary security keys for Patient Notes, Consults, transportable records and APV order entry.

___ Identify personnel for each clinic to be responsible for the Problem Selection List entries if this enhancement will be utilized on site.

___ Decide how the Transportable Patient Records options will be utilized at the site.

B.2.2 COMMON FILES.

Pre Load:

___ A meeting must take place between the different sites on the CHCS system to determine if a host platform will be defined and, if so, what values will be used.

___ A meeting must take place between the Data Base administrator and the MEPRS office to determine which MEPRS codes will need to have the "APU Flag:" set to YES and DGA* MEPRS that the APU locations will be linked to.

Post load:

___ In the case of hospital locations with inappropriate MEPRS codes, a determination will need to be made as to who uses the location if anyone. If no one uses the location, it should be inactivated. If the location is being used or orders are being made using it as a requesting location then a determination should be made as to what MEPRS code it should be using and whether the "Location Type" is correct.

___ Hospital Locations with the MEPRS code or Cost pool Code inconsistent with the Group ID of the hospital location will need to be fixed. All divisions on the data base need to address this issue.

___ For the APV project, the building of APV MEPRS codes and APU Locations must be complete before other sub systems can do their file and table builds.

B.2.3 LAB.

___ Quality Control Report Menu Option Enhancements

Verify that Quality Controls are defined with a Lab Section. Note that this field in the Quality Control file is not required for defining a Quality Control Specimen ... but is needed for this new enhancement to work properly!

___ LAB HOST PLATFORM PARAMETERS (#8700) - **NEW FILE**

For any site needing to activate APCOTS, FileMan Enter/Edit is still required, but this is now done by accessing file #8700 instead of the LAB MTF (#69.9) file.

___ DBSS activation

(1) The CHCS Program Office will direct when/which sites can activate DBSS. This is not a site decision.

(2) In terms of technical requirements, to support this interface, the minimum DBSS S/W version is 2.01.

(3) Recipients to receive discrepancy BLOOD TYPE bulletin:

For each Lab Division DBSS site, the determination will need to be made concerning appropriate entries to receive the Blood Type Bulletin, bearing in mind that Mail Users and Groups may be division specific and Device file entries are MTF-wide.

___ CHCS BLOOD TYPE TEST

If not already defined, a {non-DBSS} laboratory test can be created for CHCS result entry of a patient's Blood Group and Rh Type. The name of this test can be entered in the Lab Host Platform Parameters file. As this test will be shared system-wide, sites will need to reach an agreement for the name.

Note, if existing CH subscript tests already exist, caution needs to be exercised to ensure that test replacements do not compromise existing ORDER SETS. If an order set is defined with an existing lab test that is going to be inactivated, the order set will need to be edited to delete the old test and to add the new one.

One final note is that certain characters (symbols) may need to be avoided when defining the name of the new test. For example, if "&", "\", or "+" are incorporated into the test name, the result will not be received into CliniComp.

___ DAC Results Report {Amended Results}

As a result of version 4.6 s/w changes, laboratory results amended before the upgrade will not be captured on the DAC report for Amended Results. Since this historical data will not be available after the upgrade, it is suggested that Lab Managers (in each Lab Work Element) print the standard DAC report for Amended Results if this report is presently being used/monitored by QA. If this is done on a daily basis for the week preceding the upgrade, then on the day prior to the upgrade, there will be only one days worth of data to be compiled and printed {and the report should complete quickly}.

___ DII/LSI Interface

A new Mail Group should be created by DBA to receive DII Error Message bulletins. Depending upon the needs of the site for those bulletins, consideration should be given for division specific mail groups. DII type entries in the Lab System Interface file would subsequently need to be populated correctly with the appropriate mail group for each

division. It is NOT recommended that these mail groups be added in the Bulletin file.

After the upgrade, error messages from DII interfaced instruments will begin to display to lab users during TAR as a part of routine operation. These error messages will also begin to populate the DII ERROR INITIALIZATION and the AUTO INSTRUMENT files. In the Auto Instrument file, this instrument generated error message will populate the ERROR CODE and the associated ACTION CODE and ERROR TEXT. The Action Code populated by the error message is the default, "Display Error/Do Not File". Lab F/T action is required to change this Action Code as needed and enter the User Definable Error Message for each error. The User Definable Error Message field is 'free text' and gives Lab F/T users the means to clarify the error display text and to specify the suitable course of action for the lab user to take when the error is encountered. The Lab F/T interaction will continue until all possible errors have been encountered by the DII interfaced auto instrument and as instrument software upgrades are installed with new and/or different error messages.

___ Routine preparations for version upgrades are done:

Verify there are no outstanding Transmittal Lists, Collection Lists and Work Documents. One of the enhancements of version 4.6 is SIR 14744, which establishes an upper limit on batches as 9999. Any Work Document batches greater than 9999 will not be accessible after the load. Even though a laboratory may have work document batch #'s less than 9999, it is still recommended that all work documents are unloaded as a normal precaution prior to the upgrade.

B.2.4 MCP.

USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

POST LOAD

___ Decide on the Grace Period for AD enrolled patients and set the parameter via menu option PARA.

SET PCM CAPACITY FOR MEDICARE ENROLLEES

POST-LOAD

___ Print the Exception Report BENFICIARY CATEGORY/PATIENT CATEGORY DISCREPANCY REPORT.

___ Review the report to correct Patient Categories or registration.

___ Review PCM Groups and revises PCM capacities as needed.

AD ASSIGNMENT TO EXTERNAL PCM

Pre-Load:

___ Determine which external PCMs will be allowed ACTIVE DUTY patients and establish capacities.

Post-Load:

___ Review all external PCMs with agreements of NET and SUP.

___ Define AD capacities for these providers if limit ...

___ Assign new Security Key to appropriate users (sec 2.5).

PROVIDER PLACE OF CARE INACTIVATION

___ CHCS users (i.e., PAS Supervisors, and Managed Care Supervisors) will use the system as they do presently to inactivate and reactivate PAS providers and clinics and MCP providers and places of care. The end result is the same. The process in achieving the end is different.

UIC TOTAL SOLUTION

Pre-Load:

___ Ensure all registrations are correct when feasible

Post-Load:

___ DBA should review reports to correct registrations.

B.2.5 PAD/MSA.

Before the install:

___ Run the MSA and TPC Active Accounts Receivables (AAR) the day prior to the software load.

___ Run the MSA Balance Check two days prior to the software load and log a Support Center Call for any problem accounts.

___ Sites can make good use of Post Master Mailman Messages in order to emphasize key changes which will affect the users after the software load, i.e.: MASCAL Phase II, DD7A Functions, Station/Unit Code Changes, etc.

___ Sites who want to create a DD7A Billing Report for the month during which CHCS version 4.6 is loaded, should take steps to record all applicable outpatient visits which can then be added to the report via the DD7A Monthly Outpatient Billing Process (MBP).

___ Sites may want to run off all templates for Ad Hocs created to support the MASCAL Functionality.

During the install:

___ Track all PAD/MSA activity to be backloaded when the system is returned to the users.

B.2.6 PAS.

___ Sites need to define the HOST PLATFORM NAME, but don't need to do so until after the installation of Version 4.6.

___ File and Table personnel need to review the clinic profiles to ensure they are set up with the correct service.

___ The Service Type file must be populated through BFIL.

___ PAS clinic and provider profiles, templates and schedules must be created and maintained for each APV clinic.

B.2.7 PHR.

If a site plans on using Bar Code:

___ Before deciding to implement Bar Code on all printers, users should plan on a trial period using a limited number. Bar Coded label generation by Datasouth printers will take significantly longer than they are accustomed to(three times as long). And, even if the site has acquired an Intermec printer exclusively for Bar Code, a non-bar coding printer should be kept available for a period of time.

If a site plans on using Dispensing software:

___ It is likely that most sites will have delayed implementing Dispensing Option (Ver 4.5) awaiting the availability of Bar Code. At those sites where this is true, it would probably be prudent to not enable Dispensing Option/Dispensing Option Enhancement II and Quick Dispense until the Bar Code trial has been completed and the label generation time increase has been evaluated by the site.

___ Pharmacy users should be encouraged to mark RXs noncompliant via the DRX option rather than via Noncompliance Data (NON).

This will combine multiple RXs for the same patient into one mail message. If this is done via NON, one message will be generated for each RX.

Dispensing Option/Dispensing Option Enhancement and Quick Dispense are enabled at the Division level. It is either on or off for all outpatient sites in a particular division.

___ Caution sites that disabling dispensing software will permanently erase dispensing data recorded to that point.

B.2.8 RAD.

___ Schedule templates will require modification prior to implementing 24-hour scheduling.

___ Existing labels will require re-formatting if new print fields will be implemented.

___ Clinics requiring Radiology to pull records for SCHEDULED APPOINTMENTS MUST be in the BORROWERS SET-UP FILE.

B.2.9 MRT.

PRE-LOAD

___ It is recommended that old retirement indices be deleted prior to V4.6, as they cannot be deleted once V4.6 has been loaded.

___ Review current record types in the Type of Record Setup. Decide if any new record types need to be created. The PAD POC should check with other divisions prior to the load to see if they will use any new record types and either enter that information into the files or have the individual division POC's enter that into the files after the load.

___ Will PAD or PAS be creating APV records? The APV record must be created using the Create APV menu options from the PAS menu to ensure that the APV record is linked to the ambulatory procedure itself. If APV records are created through the PAD CV option, they will not be tied to the PAS appointment and the APV record tracking number will not be assigned. It must be decided who will create the APV records and if PAD will do so the APV menu can be assigned as a secondary menu.

POST-LOAD

___ Any medical record stored in a file room which does not have a corresponding electronic entry on CHCS MUST be entered onto CHCS or retired using the current manual process.

If there is no electronic record on CHCS and the site wishes to use CHCS to retire these records:

Access the 'Record Initialization' Menu:

1. PAD -> MRM -> TM -> OR -> CB {Create/Edit Batch Lists}
2. Enter patient's name for whom there is no record
3. Record creation date can be 'back-dated' to indicate when the patient was last seen at the MTF. The retire list searches the last patient activity date to put records on the list.
4. Then, PAD -> MRM -> TM -> OR -> NR {Create New Records/Print Labels}

You should now be able to create electronic retire lists using the appropriate search dates. When the RECORD INDEX is created using the Transfer-Retire menu, it will now include these records as eligible to retire.

___ Many facilities have been retiring records electronically on CHCS prior to this software upgrade. If those sites wish to create or recreate a retirement list for those records, the actions listed below can be taken. It will be up to the POC to evaluate how records have been retired and if they desire to do any cleanup.

There have been a number of ways that sites have retired records. Depending on which method was used, the following actions can be taken:

- If records were retired using: MRM-FE-PR
  Movement type = Inactivate

  No further action is required.

- If records were retired using: MRM-FE-PR
  Movement type = Move to Another file area and you've indicated NPRC as an 'Additional MTF' in your files:

  Then generate an ADHOC (see software specialist) where 'current borrower' = the NPRC and Home Division = unknown. There has been a software error which sends these record into limbo because of the 'unknown' division. Now have software specialist use FileMan Enter/Edit and input the correct Home Division for those records. Those records will then show when doing an inquiry and the NPRC will be the destination.

- If records were retired using: MRM-TM-TR (Transfer to Other MTF)

  No further action should be required.

- If records were retired using: MRM-TM-AC (Inactivate/reactivate Records).

  No further action should be required.

- If records were retired using: MRM-TM-MR (Move Records to Other File room).

  Just access the file room where those records are located and generate a Retire list.

___ When records are added to the Record Index, they are added to the bottom of the list. If records are added AFTER box numbers have been assigned, those records will automatically be assigned to the last box number on the list. Current NPRC policy requires that all records be filed according to the SSN within boxes. However, Record Indices are easily deleted and can be re-generated so box numbers can be re-assigned.

___ When a Record Index is generated for the retirement of records and the associated Shipment Data File is NOT created, the system will allow the user to SEND the Record Index which will update the record status to RETIRE RECORD. However, under these circumstances, the NOTIFY action is not available and the ASCII fill will not be created.

___ Clinics requiring Medical Records for SCHEDULED APPOINTMENTS MUST be in the BORROWERS SET-UP FILE:

Menu Path: PAD Main Menu->MRM->{file room}->SD->BSU->Select BORROWER:

___ To add clinics to pull list functions so that pull lists can be generated by provider, the RECORD TYPE NEEDED: field in the Borrowers Setup File MUST be populated with the RECORD TYPE needed when 'Record Requests are made when making appointments.

Menu Path: PAD Main Menu->MRM->{file room}->SD->BSU->Select BORROWER: Input Clinic here. At the Records needed field: add appropriate record to be pulled.

___ PAD POC's need to check with POC's from all divisions to decide which record labels need patient address and division.

___ When retiring records, the system searches records for retirement based on Patient Category. Family members are

lumped with retiree records. That can present a problem if just family members are being retired. Currently there is no way to differentiate between these two patient categories. The development team is currently looking at this problem.

As a workaround, file areas could maintain family member records separate from Retirees. And then a retirement list could be generated appropriately.

___ The O/P record location field on the mini-registration does not update when records are transferred or retired when the Transfer-Retire option is used. This is being addressed in a SIR being fixed now.

B.3 INTEGRATION ISSUES.

B.3.1 CLN.

CLN/PAS.

___ Contact the PAS POC to verify that PAS Profiles have been updated and schedules have been updated for consulting providers who need to enter consult results for a particular clinic if consult resulting on CHCS is utilized.

Contact the PAS POC to verify that PAS profiles and schedules have been updated to support the use of APV.

CLN/PAD.

___ Identify POC for transportable patient records.

B.3.2 COMMON FILES.

CF/WAM

___ Database administrators, MEPRS personal and WAM personnel will need to coordinate with each other to determine correct default locations for providers, correct MEPRS codes for the CHCS MEPRS file, and correct MEPRS codes for hospital locations.

CF/APV AREAS (CLN, PAD, PAS, MRT)

__ For the APV project, the building of APV MEPRS codes and APU Locations must be complete before other sub systems can do their file and table builds.

Refer to PAS, PAD, CLN, and MRT IUGs

B.3.3 LAB.

___ LAB/INTERFACES

Regarding APCOTS, refer to the MPL Enhancement (Lab IUG).

Regarding DBSS Blood Bank interfaced sites, there are screen changes as a result of this upgrade to the laboratory test ordering screens and results retrieval.

B.3.4 MCP.

A. USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

MCP/CONTRACTORS

___ Sites must coordinate with the Lead Agent/Tricare contractors to determine how long a grace period, if any, should be established for AD patients before disenrollment occurs.

B. SET PCM CAPACITY FOR MEDICARE ENROLLEES

MCP/PAS

___ Sites enrolling Medicare patients may now establish PCM capacities for each PCM.

C. LIST ONLY PCM GROUP MEMBERS IN HELP TEXT

MCP/PAS

___ If no provider shows in the "Referred by" field, a user can display a list of PCM providers.

D. DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED

MCP/DEERS/PAS

___ CHCS will interface with DEERS. DEERS Information stored in the Patient File for patients not enrolled on the local system will be updated every time a DEERS check for that patient is made.

___ Enrollee Lockout must be activated in the clinics to utilize enrollee lockout screen enhancements.

___ All users performing new registrations, full or mini-reg, may be able to view a patient's Tricare status.

E. AUTOMATIC ELIGIBILTY CHECK FOR CONDITIONAL ENROLLMENT

MCP/DEERS

___ Users may still process conditionally enrolled patients manually as before, although CHCS performs DEERS checks and updates enrollment status every 7 days if appropriate.

F. AD ASSIGNMENT TO EXTERNAL PCM

MCP/DEERS

___ DEERS will count AD personnel assigned to contractor PCMs as being assigned to the contractor and will display that DMIS ID.

MCP/CLN

___ Active Duty Personnel may now be assigned to Providers with Agreement types of NET and SUP.

G. PROVIDER PLACE OF CARE INACTIVATION

MCP/PAS

___ PAS Clinics/MCP Places of Care and providers can be inactivated in a similar manner now.

___ PAS inactivation of Clinics and Providers will affect MCP Places of Care and MCP Providers. MCP Supervisors should be members of PAS Supervisors Mail Groups or have their mail also attached to the PAS bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE.

___ MCP inactivation of providers via the PAS PROVIDER PROFILE screen in GNET will affect PAS Providers.

___ MCP Inactivation at the Group and Place of Care Level within the menu option GNET ARE NOT PAS inactivations.

___ Inactivation of providers via any other CHCS functionality will affect PAS and MCP. CHCS will display a message informing the user if the provider has open appointments, wait list requests or linked enrollments.

H. UIC TOTAL SOLUTION

MCP/ALL

___ All functionalities will be affected.

___ MCP UIC/PCM links must be reviewed and corrected where necessary.

I. EBC

Refer to EBC IUG.

B.3.5 PAD/MSA.

___ Confirm that all Common File data related to PAD/MSA is entered.

___ Workflow associated with the new APV software is strongly integrated amongst several functional areas. PAD Supervisors would be advised to initiate communication with their counterparts in the Patient Appointment Scheduling workcenters to assure efficient utilization of this software.

___ Workflow associated with the new DD7A software is strongly integrated amongst the PAD and PAS functional areas. PAD Supervisors would be advised to initiate communication with their counterparts in the Patient Appointment Scheduling workcenters to assure efficient utilization of this software.

B.3.6 PAS.

___ APV clinic build must be coordinated with CLN and MRT functionalities.

B.3.7 PHR.

PHR/CLN

___ If the site decides to use dispensing software, pharmacy needs to communicate the impact on physician/nurse users. The Patient Order List (POL) displays RX dispensing information and mail messages are generated when RXs are marked non-compliant.

___ Drug lookup of a compounded drug via CLN option DRUG will display the title 'Compounded Drug' and a listing of all the drug products it contains and their respective American Hospital Formulary Service (AHFS) Classifications. Drug lookup by means of '.[therapeutic class]' will include any compounded drugs containing members of the specified class. Compounded drugs will not generate a Patient Medication Instruction Sheet(PMIS).

PHR/CLN/PAD/PAS

___ Discuss procedures for entry of APU orders between Pharmacy, Clinical and PAS/PAD supervisors to ensure the timely ordering and processing of medication and IV orders on APV patients.

PHR/INTERFACES

___ The fill cost is transmitted to CEIS and MCHMIS.

PHR/CF

___ The Provider Screen Changes should be reviewed in the 4.6 Common Files IUG.

B.3.8 RAD.

___ The development of the Ambulatory Procedure Unit will now allow CLN/LAB/RAD/PHR to place and process orders on a new page - Ambulatory Procedure Visit (APU) on the Patient Order List (POL) screen. The APV page is created at the time the Ambulatory Procedure Request is made via Order Entry or by a PAS user when an appointment is 'booked.' When the order is activated, CHCS will communicate a request to schedule an APV appointment through the PAS software. However, the APU page will not be activated until PAS completes the appointment process - KEPT appointment. If pre-op orders are entered on this page but the appointment has not been KEPT, Radiology will NOT be able to see or process these orders, which may result in duplicate order entry once the APU page has been activated.

It is recommended that pre-op x-rays continue to be placed on the 'Outpatient Page'.

B.3.9 MRT.

___ Appropriate file rooms should be created to STORE the NEW Standard Record Types (APV, etc.). Will PAD or PAS create these file rooms?

___ All PAS/MCP personnel responsible for creating APV records must have access to APV file rooms storing those records. This means assigning them file room security keys (if any are assigned to APV file rooms).

___ It must be decided which file/table POC (PAS or MRT) will enter APV file rooms into the system.

B.4 FILE AND TABLE CHANGES.

B.4.1 CLN.

File and table time for data collection and build may be extensive, depending on what enhancements a site chooses to activate and what files were built previous to 4.6. It is recommended that each section of this IUG be thoroughly reviewed before deciding to utilize it's enhancements.

Coordination with other subsystems will be necessary for some of the enhancements. Once a decision has been made, review the File and Table section before activating.

Note: Some F/T build may be done pre or post-load.

___ To support the use of Nursing Due lists, make entry in a new field in the Clinical Site Parameters called 'Days to Collapse the Past APV Page:'. This parameter should be set before the site begins using the APV page options.
Est. Time: 1 minute

___ Work with builder of Common Files to name the APV page by using the first three characters from the abbreviation field in the Hospital Location File (#44) and adding '-APV'. The abbreviations entered for these locations should not begin with the same three characters (i.e. 'SDS...' or 'APU...').

(Refer to Common Files Sections on F/T)

___ If the site plans to use Nursing Documentation options, file and table for the Nursing Order file should be reviewed. (1-4 hrs.)

___ Consults must be defined for a specific clinic to result and designated as SCHEDULED if not currently with that Schedule type (do this post-load so as not to upset current Consult processing). Consults in CHCS are maintained as ancillary procedures.
Est. Time: 1-2 hrs.

___ The Progress Note Title (PNM) option must be populated before the users will be able to document notes.
Time Est.: 1 min./note title

___ Assign the NS DISCHARGE security key for authorized users to access the 'Discharge Summary Enter/Edit' option. Any Nurse/Clerk users who transcribe D/C summaries and all doctors who discharge patients require this key.
Time Est.: 10min/20users

___ Populate the Patient Instructions file with discharge summary instructions. Populate the 'Discharge Summary Text' file with predefined summary templates for import into summaries.
Time Est.: 1 hr. - 1 week (depending on number)

___ Assign NS IMM security key to authorized users who must access the 'Immunization/Skin Test Enter/Edit' option for the purpose of documenting.
Time Est.: 10 min/20 users

___ Review the immunization file in the 'Immunization Maintenance' option (IPM) before the use of this option.
Time Est.: 4 hrs.

___ Assign the DG TRANSPORTABLE RECORDS security key to the appropriate Clinical personnel for this effort.

___ Coordinate with the Systems personnel to define TCPR parameters regarding the IP addresses of sites you wish to communicating with.

___ Ensure that the Clinical Site parameters to enable TCPR Mini-Reg and Purge TCPR records are set. Defaults are Yes and 7 days.

___ Ensure that the Clinical Site parameter for purging Problem Selection Lists is set. Default is 365 days.

B.4.2 COMMON FILES. (Refer to Common Files IUG)

Pre Load:

___ Determine which Divisions have inappropriate MTF entries. These will need to be fixed.

___ Determine which hospital locations have inappropriate MTF entries. These will need to be fixed.

Post Load:

___ After all sites on a given CHCS system agree on one name to designate for the System, and values for the other fields in the file, then they can enter a Host Platform.

___ In the case of hospital locations with inappropriate MEPRS codes, A determination will need to be made as to who uses the location if anyone. If no one uses the location, it should be inactivated. If the location is being used or orders are being made using it as a requesting location then a determination should be made as to what MEPRS code it should be using and whether the "Location Type" is correct.

___ Hospital Locations with the MEPRS code or Cost pool Code inconsistent with the Group ID of the hospital location will need to be fixed.

___ Medical treatment Facility file entries can be edited as necessary.

___ APU MEPRS codes will need to be edited.

___ APU Hospital Locations will need to be linked to DGA* MEPRS.

___ Mail bulletins need to be attached to appropriate mail groups for inactivated providers or places of care to insure that system generated messages get to the appropriate people

B.4.3 LAB.

Concerning Anatomic Pathology and APCOTS, this upgrade will not affect sites that have already completed File/Table for MPL. There are no software changes from CHCS versions 4.52 to 4.6.

___ For all DOD-selected and funded sites using APCOTS that have not performed File/Table for MPL, complete file and table build.
Time Est: 1-2 hours.

B.4.4 MCP.

A. USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

___ Set Grace Period Parameter field if needed. Default is 120 days if no action is taken.

Menu Path: CA>PAS>MCP>FMCP>FTAB>PARA

B. SET PCM CAPACITY FOR MEDICARE ENROLLEES

___ Reset PCM Capacities if necessary. 5 mins per PCM Group

C. LIST ONLY PCM GROUP MEMBERS IN HELP TEXT

None

D. DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED

None

E. AUTOMATIC ELIGIBILTY CHECK FOR CONDITIONAL ENROLLMENT

None

F. AD ASSIGNMENT TO EXTERNAL PCM

___ Define AD capacities for External PCMs with agreement types of NET and SUP via menu option GNET unless unlimited capacities are desired. 15 mins. per Provider Group.

G. PROVIDER PLACE OF CARE INACTIVATION

___ Ensure PAS TaskMan Bulletin, SD WEEKLY CLEANUP, is tasked to run weekly.

___ Attach PAS/MCP Supervisory Mail Groups to the new Mail Bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE.

H. UIC TOTAL SOLUTION

None

I. EBC

Refer to EBC IUG.

B.4.5 PAD/MSA.

Post-load PAD/MSA File and Table changes:

Estimated time: 10-20 minutes

___ Verify that all necessary MASCAL File and Table information has been relocated in the new MASCAL Parameters (MAS). Menu Path: PAD>SDM>MAS

___ The DD7A Outpatient Billing Table should be populated with the correct rates for each B and C level MEPRS code. Menu Path: MSA>D7A>DTE

___ The APV Record Parameters should be populated by authorized Clinical Records Department supervisors.

B.4.6 PAS.

___ The Host Platform name must be entered into the Hospital Location file.

___ The clinic profiles need to be reviewed to ensure that they are set up with the correct service so that booking can search across divisions.

___ The site must populate the Service Type file through PAS post install.

___ APV clinics must be set up in the PAS profiles.

___ Record tracking file rooms must be created for APV records. Any file room security keys need to be assigned APV PAS users.

___ A PAS bulletin SD WEEKLY CLEANUP should be tasked to run weekly. Attach bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE to the appropriate PAS and MCP mailgroups.

B.4.7 PHR.

Pre-Load:

___ All items issued as stock should be defined as either 'BULK' or 'CLINIC'. This can be done post-load if the user prefers, however, it must then be done via MSI.

Post-Load:
(Can be done at users' discretion, will not affect pre-4.6 functionality)

___ If the site intends to use Bar Code, the 'BAR CODE ENABLED' field, in the Outpatient Site Parameters, must be set to 'YES'.

___ The printer(s) that will print bar coded labels must be defined in the Device File.

___ If the site intends to use Dispensing Option/Dispensing Option Enhancement or Quick Dispense, Dispensing Options must be ENABLED for the appropriate Division(s).

___ Compounded drugs in use should be defined via ADN to include all applicable NDC numbers(to a maximum of 8 NDCs or 8 ingredients). If this is done the Clinical Screening software will act against each ingredient. If it is not the software will process a compounded drug as if it were a single product.

___ The site should be made aware of the new format of the Refill Grace Period and Scheduled Refill Grace Period fields. The defaults of 75% may be accepted or changed.

___ Non-professional users, e.g., volunteers may be assigned Quick Dispense (QRX) as a secondary menu option.

___ Enter APU clinics in Ward Groups.

___ The local cost field in the Formulary must be populated for accurate cost reporting.

B.4.8 RAD.

___ All Radiology Location schedule templates utilizing 24-hour scheduling will require start and stop time template modification.

___ Enter any record types to be pulled for clinics into the Borrowers Setup File.

___ Add new print fields to Label Print formats if they will be used.

B.4.9 MRT.

1. INPUT STANDARD RECORD TYPES IN TYPE OF RECORD SETUP FILE

___ Populate the STANDARD RECORD TYPE FIELD in the TYPE OF RECORD SETUP FILE for all record types currently utilized, as well as any NEW Standard Record Type to be implemented.

2. CREATE AN 'ASCII NOTIFICATION' MAILGROUP:

___ The System Mail Manager does this. (Menu path: EVE->MM->MGE)

The mailgroup members will be receive a bulletin notifying them that the Record Index/Shipment Data File is ready to be converted to ASCII format and placed on a diskette for shipment to NPRC.

3. ADD 'ASCII' MAILGROUP NAME TO MRT APPLICATION SETUP: (Menu Path: PAD-> MRM->{file room}->SD-> APP->second screen)

___ After creating RT ASCII NOTIFY mailgroup, enter name of the mailgroup the new ASCII File Mail Group FIELD in the Record Tracking Application Setup.

4. ALLOW BATCH PROCESSING (Menu Path: PAD->MRM->{file room}-> SD->MTS->Movement Type Set-up)

___ The 'Allow Batch Processing' specifies whether a Movement can be utilized when records are retired or transferred.

The 'Allow Batch Processing' field for the NEW Movement Type of RETIRE RECORDS MUST be set to YES by the File room Supervisor

5. CREATE FILEROOMS FOR STANDARD RECORDS TYPES THAT WILL BE USED IN RECORD TRACKING

___ Enter Menu Path: MRM->{file room}>SD->FSU) and create any new file rooms which will be storing new records.

___ Enter new any new record types in the Type of Record Setup (Menu Path: PAD->MRM->{file room}->SD->TYS).

Make sure File room has been added as 'File room Allowed to Store Record.

___ Add Standard Record Type to the Application Setup File (Menu Path: PAD->MRM->{file room}->SD->APP->select DIVISION ->RECORD TYPES screen)

___ Add file room to Borrowers Setup File (Menu Path: PAD->MRM->
file room}->SD->BSU)

___ The Database Administrator must complete the Service and MEPRS code fields in the Hospital Location File for all APV File rooms created (Menu Path: CA->DAA->CFT->CFM->HOS)

B.5 SECURITY KEYS.

B.5.1 CLN.

NS CONSULT RESULTS	Allows the user to enter Consult Results and view results after verification.
NS IMM	Allows the user access to document immunizations from the Nursing Menu.
NS DISCHARGE	Allows the Clinical user access to the Discharge Notes option.
GP EUROP1	Allows the user access to problem lists and progress notes from the Order Entry action prompt.

OR MD MNG	Allows the user to access the Table Maintenance Menu option from the Physician menu.
SD APV	Allows the user access to the MAPV option.
SD APV MINSRV	Allows the clinical user to emergently disposition an APV patient from the ORE action prompt to support an inpatient episode that results from an APV visit.

B.5.2 COMMON FILES.

No new Security Keys for CF.

B.5.3 LAB.

No new Security Keys for LAB.

B.5.4 MCP.

CPZ PCM AGR LOCK

This Key is intended for users allowed to assign AD personnel to External PCMs.

Menus Affected:
ER Enrollments
BMCP Batch PCM Reassignment
UBER Batch Enroll AD
UICP UIC/PCM Maintenance
GNET Provider Network

Suggested users: Enrollment Clerks, MCP File/Table personnel, Personnel performing Batch Enrollments, PCM reassignments.

CPZ MCSC

This key is intended only for use with the MCSC interface in selected regions. This is here for documentation only.

DO NOT ISSUE UNLESS TOLD TO DO SO

CPZ DISENROLL-CANCEL CORRECT (EBC related)

This key locks the menu option DCAN (Cancel Disenrollment).

Menus Affected:
CAN Disenrollment Cancellation/ Correction

CPZ TSC LOADER

DO NOT ASSIGN

This key was initially for use with MCSC I and the HL7 MCP transfer. This key should not be assigned to anyone.

B.5.5 PAD/MSA.

MSA DD7A BILLING	Locks access to the DD7A Monthly Outpatient Billing Process (MBP). This key should be given to any/all MSA personnel responsible for processing and finalizing the new DD7A Billing Report
DG APVOUT	Security key restricts access to the report menu of the APV Delinquent Record Tracking Menu. This key should be given to All Clinical Records personnel responsible for APV record completion.
DG APVSUPER	This security key restricts access to the APV Parameters option of the APV Delinquent Record Tracking Menu. This key should be given to the Clinical Records Supervisor
DG APVUSER	This security key restricts access to the APV Delinquent Record Tracking Options. This key should be given to All Clinical Records personnel responsible for APV record completion.
MSA DD7A BILLING	This key will allow a user access to produce an end of month bill for the new DD7A function. This key should be given to MSA personnel responsible for processing this End of the Month DD7A Report.

B.5.6 PAS.

SD APV: Accesses the APV menu.

SD APV KEPTROSTER: Accesses roster of Kept APV appointments.

SD APV MINSRV: Accesses the APV minutes entry/edit screen.

Attach any APV file room security keys to PAS APV users.

B.5.7 PHR.

There are no new Pharmacy security keys for Ver 4.6

B.5.8 RAD.

No New Security Keys for RAD

B.5.9 MRT.

SD APV	Accesses the APV menu Assigned to PAS or PAD users who create APV records.

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Appendix C :

TRAINING AND FILE/TABLE BUILD MATRIXES

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TRAINING MATRIX (Version 4.6)

	Demos	Hours	Users	Training	Hours	Users	Handouts*
CLN	Y[1]	4	Nurses/Clks Physicians CLN Spvrs	N	-	-	-
COMMON FILES	Y	2	DBA	N	-	-	-
DTS	N	-	-	N	-	-	-
LAB	Y	1.5	QA/LAB Tnrs F/T POCs	N[2]	-	-	-
MCP	Y	2[3]	MCP/Tricare Enrlmt Clks HCF	N	-	-	-
MRT	N	-	-	Y	2.5[4]	MRT POCs	-
MSA/TPC	Y	1	MSA POCs	N	-	-	-
PAD	Y	2.5[5]	PAD POCs	N	-	-	-
PAS	Y	2	PAS POCs	N	-	-	-
PHR	Y	.5-1.5[6]	PHR POCs	N	-	-	-
RAD	Y	2	RAD POCs	N	-	-	-
WAM	N	-	-	N	-	-	-

*Handouts may be used to supplement demos/training or, in some cases, be used in lieu of training. Appendix E includes the familiarization training plan.

1 - Recommending separate sessions for Nurses/Clerks, Physicians, and CLN Supervisors.

2 - If APCOTS is to be activated, additional 2-3 hours Training for key LAB POCs and F/T Build personnel.

3 - MCP/Tricare Supervisors 2 hours, Enrollment Clerks 1 hour (can also attend portion of above session), Health Care Finders .5 hour.

4 - 2 hours, personnel that retire records; F/T Supervisors, 2 hours (can also attend the same session as personnel that retire records); Site Manager or System Specialist .5 hour; PAS Supervisor (if they will enter APV file rooms in system, .5 hour.

5 - First 1.5 hours are for Clerks, an additional hour for Supervisors.

6 - If Bar Code and Dispense Options ARE used, demo will be 1.5 hours. If they are not being used, a .5 hour demo for PHR supervisors only.

FILE AND TABLE BUILD MATRIX (Version 4.6)

	PRE LOAD	TIME	POST LOAD (PRE-USER)	TIME	POST LOAD (POST-USER)	TIME
CLN	DC	8hrs-1 week	N/A	-	FT	4-8 hrs.
CF	DC/FT	8 hrs.	N/A	1 hr.	FT	-
DTS	N/A	-	N/A	-	N/A	-
LAB	N/A	-	N/A	-	FT[1]	1-2 hrs.
MCP	N/A	-	N/A	-	FT	1 hr.
MRT	N/A	-	N/A	-	N/A	1 hr.
PAD/MSA	N/A	-	FT	10-20 Min.	N/A	-
PAS	N/A	-	N/A	.5[2]	FT	1 hr.
PHR	N/A	-	N/A	-	FT	.5 hr.+[3]
RAD	N/A	-	N/A	-	N/A	1 hr.
WAM	N/A	-	N/A	-	N/A	-

Note: The File and Table build estimates may vary. This is an estimated time line for planning purposes. Use the appropriate sections of the IUGs for detailed information.

DC = Data Collection FT = File/Table

1 - LAB file and table is only necessary if APCOTS is being used at site and MPL file and table build is not complete.

2 - For PAS, this time can be used for MRT instead (depending on who builds the file rooms.

3 - PHR file and table estimates will depend on which functions are being used (Dispensing option, Barcode, etc.)

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Appendix D :

DATA COLLECTION FORMS

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None noted.

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Appendix E :

FAMILIARIZATION TRAINING PLAN

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Refer to MCP IUG v4.6.

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Appendix F :

SAMPLE REPORTS

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A. PATIENT CATEGORY ENROLLMENT SUMMARY (screen #9)

Menu Path: PAS -> M ->OMCP ->ERME-> SUMM ->4
->EMCP ->OENR-> ERPM ->SUMM->4

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PATIENT CATEGORY ENROLLMENT SUMMARY
**** ENROLLEE TOTALS By PATIENT CATEGORY ****

Division: A DIVISION (OK)

Patient Category			Enrollee Total
Active Duty			
A11	USA ACTIVE DUTY ENLISTED		13
F11	USAF ACTIVE DUTY		5
N11	USN ACTIVE DUTY		11
		Active Duty Total:	29
Fam Mbr Of Active Duty			
A41	USA FAM MBR AD		2
F41	USAF FAM MBR AD		1
N41	USN FAM MBR AD		1
		Fam Mbr Of Active Duty Total:	4
Retired			
F31	USAF RET LOS ENLISTED		1
		Retired Total:	1
Other			
N25	USN FAM MBR FAD-TRANS ASSIST		1
		Other Total:	1
		Division Total:	35

B. ENROLLMENT ROSTER for ACTIVE DUTY FAMILY MEMBERS by UNIT

Menu Path: PAS -> M ->OMCP ->ERME ->ROST ->1
EMCP ->OENR ->ERPM ->ROST->1

Sample Enrollment Roster

TRICARE SERVICE AREA (PORTSMOUTH) 04 Aug 1997@1254 Page 1
Personal Data - Privacy Act 1974 (PL-93-579)
ENROLLMENT ROSTER for ACTIVE DUTY FAMILY MEMBERS by UNIT

Division: MCP DIVISION
Unit: 1912 COMPUTER SYSTEMS GP

Sponsor/ Family Members	Sponsor FMP/SSN/Rank	FMP	DDS	DOB	Enrolled Date
COOK,JOHN F	20/196-42-5116/GEN				
COOK,NEWBORN		06	20	03 Jan 1945	01 Jul 1997
				Family Member Total:	1
DYCHE,MARK S	20/219-84-5506/SSG				
DYCHE,HANNAH		01		16 Nov 1993	01 Jul 1997
				Family Member Total:	
GRILLO,JOHN D	20/449-63-7755/1LT				
GRILLO,NEWBORN		05	1	04 May 1991	18 Jun 1997
				Family Member Total:	
				Unit Total:	

C. EBC ENROLLEE DIV CONV REPORT

Sample Report Part I

TRIPLER ARMY MEDICAL CENTER 20 JUL 1997 Page 1

ENROLLMENT DIVISION CONVERSION REPORT - PART I

FROM ENR DIVISION	(DMIS)	MOVE TO POC DIVISION	TOTAL PATIENTS
PEARL HARBOR	0211	TRIPLER ARMY MEDICAL CENTER	43
SCHOFIELD BARRACKS	1092	PEARL HARBOR	11
TRIPLER	0322	SCHOFIELD BARRACKS	5
TOTAL PATIENT COUNT:			59

2. Part II of the spooled report provides a total count of all current enrollees based on the PCM's Place of Care division, which is the enrolling division. This section of the report counts the statuses of Enrolled (MCP Status of E) and Invalid Disenrolled (MCP Status of ID). Pending enrollments will not be counted in this section because it will reflect enrollments as of the current date. Refer to sample screen 8.

Sample report Part II

TRIPLER ARMY MEDICAL CENTER 22 JUL 1997 Page 1

ENROLLMENT DIVISION CONVERSION REPORT- PART II

ENROLLING DIVISION	DMIS	TOTAL PATIENTS
PEARL HARBOR	0211	1,943
SCHOFIELD BARRACKS	1092	2,011
TRIPLER	0322	5,001
TOTAL PATIENT COUNT:		8,955

*Note: Only currently enrolled records will be addressed by this conversion. If a user processes a disenrollment cancellation, the enrolling division will be rechecked to verify that the enrolling division (based on the re-assigned PCM) matches the PCM Place of Care division. If the enrolling division is updated, a DEERS update transaction will be transmitted at the time the disenrollment cancellation is processed.

D. MEDICARE Spooled report

Sample Medicare spooled report

Canceled Enrollments for Medicare Enrollees

FMP/SSN:	NAME:	ENR STD	ENR END	PCM	CHMP
20/043-30-2221	BROWN,THOMAS	01Jun96	31Dec97	RED TEAM	Y
30/043-30-2221	BROWN,CANDACE E	01Jun96	31Dec97	INTERN MED	N
31/122-22-1887	ADAMS,SANDY	01Feb97	31Jan98	SMITH,TOM	N
.					
.					
.					
30/801-44-6543	DONOVAN,SUSAN T	08Jan97	31Jan98	RED TEAM	Y

TOTAL MEDICARE ENROLLEES CANCELLED: 59

* *

NOTE:
Based on the number of Medicare enrollments that were canceled upon installation, please file a SAIC Support Call. MCP software development staff must review the data contained in this report. The installation of the Medicare Demonstration enhancements will not be impacted by the generation of this report.

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E. CHCS/DEERS ENROLLMENT SYNCHRONIZATION REPORT

Sample Synchronization Report

TRIPLER AMC HONOLULU HI 15 Aug 1997@1042 Page 1

CHCS/DEERS ENROLLMENT SYNCHRONIZATION REPORT
*** CHCS ENROLLEES AS OF 1 AUG 1997 ***

ENROLLING DIVISION	DMIS	REGION	ENROLLEES
PEARL HARBOR	0211	12	
A - TRICARE PRIME (ACTIVE DUTY)			1,030
D - MEDICARE			3
E - TRICARE PRIME (CHAMPUS)			910
TOTAL			1,943
SCHOFIELD BARRACKS	1092	12	
A - TRICARE PRIME (ACTIVE DUTY)			1,000
D - MEDICARE			11
E - TRICARE PRIME (CHAMPUS)			1,000
TOTAL			2,011
TRIPLER	0322	12	
A - TRICARE PRIME (ACTIVE DUTY)			3,342
D - MEDICARE			91
E - TRICARE PRIME (CHAMPUS)			1,568
TOTAL			5,001
TOTAL PATIENT COUNT:			8,955

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Appendix G :

MCP ENROLLMENT DISCREPANCY CODES

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SUGGESTED CORRECTIONS OF INVALID ENROLLMENTS/INVALID DISENROLLMENTS

If get a discrepancy when you send an enrollment/disenrollment transaction, correct the data first and then send another transaction by simply repeating the enrollment/disenrollment process.

It's not always apparent what data needs correcting. The following section attempts to describe the data discrepancies that would cause the discrepancy in question. This is not a comprehensive list of possible discrepancy causes but is intended only as an aid. **These are only suggested recommendations**.

For all discrepancies where the cause is listed here as "Should not get on an enrollment/disenrollment response" be alert for a software problem. It may be prudent to log a support center call to have it checked out.

DISCREPANCIES & WHAT MIGHT CAUSE THEM

99 Transaction Complete
This is the DEERS response saying everything worked perfectly, so you should not be seeing this reason on the Enrollment/Disenrollment Discrepancy report. If you do, log a support center call. You should see this code in the PENR option if you have a successful transaction.

10 Invalid Transaction Type
Either MCP or TOOLS s/w is wrong. Log a Support Center call.

11 Invalid MTF Site Code
Check the Site Code in the DEERS Parameters file on the Site Manager menu chain. Sites should verify their Site Code with the DEERS support center.

12 Invalid Sponsor SSN
Should not be received as an enrollment/disenrollment response. If getting these, log a support center call.

13 Invalid Patient DOB
Possibly caused by a DOB entered as just month/year (no day).

14 Invalid Family Sequence Number
Should not get on an enrollment/disenrollment response.

15 Invalid Patient FMP
Should not get on an enrollment/disenrollment response.

16 Invalid DDS
Should not get on an enrollment/disenrollment response.

17 Invalid UCA
Should not get on an enrollment/disenrollment response.

18 Invalid Patient Street
Should not get on an enrollment/disenrollment response.

19 Invalid Patient City
Should not get on an enrollment/disenrollment response.

20 Invalid Patient State
Should not get on an enrollment/disenrollment response.

21 Invalid Patient Country
Should not get on an enrollment/disenrollment response.

22 Invalid Patient Zip Code
Should not get on an enrollment/disenrollment response.

23 Invalid Eligibility Code
Should not get on an enrollment/disenrollment response.

24 Invalid Eligibility End Date
Should not get on an enrollment/disenrollment response.

25 Invalid Eligibility End Reason
Should not get on an enrollment/disenrollment response.

26 Invalid User ID
Should not get on an enrollment/disenrollment response.

27 Invalid Country Code
Should not get on an enrollment/disenrollment response.

28 Invalid State Code
Should not get on an enrollment/disenrollment response.

29 Invalid Address Update Switch
Should not get on an enrollment/disenrollment response.

30 Invalid Eligibility Override Code
Should not get on an enrollment/disenrollment response.

31 Invalid Home Phone Number
Should not get on an enrollment/disenrollment response.

32 Invalid Eligibility Start Date
Should not get on an enrollment/disenrollment response.

33 Invalid Registration - Patient Not Found
Should not get on an enrollment/disenrollment response.

35 Invalid Cancel - Start And End Dates Not Equal
Repeat the disenrollment transaction. Make sure that the disenrollment date is the same as the enrollment start date. Check the returning discrepancy in PENR. If patient is still showing the same reason, log a support center call.

36 Invalid Cancel - Patient Not Enrolled
This code is interpreted as a "GOOD" code in the CP ENROLLMENT BULLETIN. If you see a patient where the MCP Status is IE or ID and this is the discrepancy, log a support center call.

37 Invalid Cancel - DMIS Does Not Match
This means that either the DMIS ID for the Enrolling Division was changed or the Enrolling Division was changed and an update transaction was not sent to DEERS to change the DMIS ID. If you have a lot of these and they are in the same Enrolling Division, you may want to run the DMIS Update DMIS ID option for that Enrolling Division. If it is just one patient, you can change the Enrolling Division to some other Division and file the data. Change the Enrolling Division back to the correct division by reassigning the PCM. This will force two update transactions to DEERS, sequentially changing the DMIS to that of the Enrolling Division. Then you can repeat the cancel transaction.

If that doesn't work, it is possible that the Enrolling Division is using a DMIS ID that is not in the DEERS DMIS ID table. Suspect this especially if you have a lot of discrepancies relating to DMIS IDs. Log a DEERS support center call.

38 Invalid Enrollment Date Change - Patient Not Enrolled
This is caused when an update enrollment transaction is sent to DEERS to change the start or end date, but the original enrollment transaction failed DEERS edits and therefore was never recorded on DEERS. Return through the enrollment screens and re-send the enrollment transaction. If that doesn't work, log a support center call.

39 Invalid Enrollment - Not Eligible For Plan
Three things cause this. #1 The Patient Category is wrong on CHCS and therefore the wrong ACV is sent as part of the enrollment transaction. The best way to determine if this is the case is to do an on-line eligibility check. If the patient is active duty, the non-enrolled ACV is N; if the patient is not active duty, the non-enrolled ACV is usually a C. After doing the eligibility check, do a FM inquire against the patient file to see the field DEERS SPONSOR STATUS. R and O are retired values. A and B are active duty values. Correct the patient category on CHCS and re-do the enrollment. You must manually change the MCP Patient Type when you go through the enrollment screens for the correction as this does not automatically update. #2 is bad data on DEERS. The DEERS database is case- sensitive. If the ACV is recorded in lower-case, then the enrollment transaction will be rejected even though CHCS is sending the correct ACV value. Log a DEERS Support Center call. #3 is the site is sending an inappropriate DMIS ID for Medicare. Review whether the DMIS ID is an authorized site to enroll Medicare patients.

40 Invalid Enrollment - Plan Type Not A, D, or E
This is usually caused by a "hiccup" in the transmission to DEERS which puts a garbage character into the transmission string. Repeat the transaction. Run the report the next day and see if the patient is still on the report. If so, log a support center call.

41 Invalid Cancel - Canceling DMIS Does Not Match
This is like 37. Follow those tips.

42 Invalid Enrollment - DMIS Does Not Match
This is also like 37. But in Enrollment you don't have to change the Enrolling Division. Just go through the screens and send another enrollment transaction.

43 Invalid Enrollment Date Change - Invalid Plan Type
This is when you have changed the enrollment date and sent an update transaction, but the ACV transmitted as the update was wrong. Check the Patient Category and compare it to the data from an eligibility transaction. (See 39 for discussion of the eligibility data). This would be caused if the patient category was changed after the initial enrollment and before the enrollment date change. You might also just try to send it again by returning through the screens.

44 Invalid Disenrollment - Invalid Plan Type
Similar to 43.

45 Invalid Disenrollment - DMIS Does Not Match
Similar to 37. It might also be caused by the scenario where another site has reciprocally enrolled the patient to their site (thereby changing the DMIS ID on DEERS), but the reciprocal process to disenroll the patient at this site didn't happen. Repeat the eligibility transaction and check the DMIS ID field and look at the History segments on the DEERS eligibility response. If this is the case, you would see an earlier segment showing your site's DMIS ID and a new segment showing the other DMIS ID. If true, disenroll as of the ACV start date shown for the new DMIS ID. You'll get a 52 discrepancy on the transaction, but CHCS will consider that to be a "GOOD" code. See 52 for a discussion of that.

46 Invalid Enrollment - Start Date Prior to October 1 1992
You should never get this because CHCS prevents entry of an Enrollment start date prior to 1 Oct 92.

47 Invalid Disenrollment Date Correction - Patient Not Disenrolled
According to DEERS, the patient must be disenrolled to process a disenrollment date correction. You sent an update disenrollment transaction but the original disenrollment transaction was never recorded on DEERS. Repeat the disenrollment again.

48 Invalid Update - Not Currently Enrolled
Similar to 47. Go through the enrollment screens again and repeat the transaction.

49 Invalid Disenrollment Date Change- Patient not currently Enrolled

50 Invalid Site ID
Log a call at the DEERS Support Center.

51 Invalid Site - Not CCP Site
Log a call at the DEERS Support Center.

52 Invalid Disenrollment - Patient Not Enrolled
The CP ENROLLMENT BULLETIN (a.k.a. the nightly job) has been modified to treat a 52 as a "GOOD" code so you should not be seeing this. This was done in version 4.6 and was a QF to version 4.31/4.32. If this is appearing on your reports you need QF 22650.

53 Invalid Disenrollment Date
Not sure what causes this, but check the enrollment start/end dates and repeat the transaction.

54 Invalid Disenrollment - Patient Already Disenrolled
If you get this discrepancy and the MCP Status is INVALID DISENROLLMENT, log a support center call.

55 Invalid Site For Enrollment
Log a DEERS support center call

56 Invalid Enrollment - Patient Already Enrolled
You get this code if you enrolled someone as a regular enrollment, but it should have been a reciprocal enrollment/disenrollment. Repeat the enrollment transaction and be sure to repeat the DEERS check and get the Family Member Screen so that you can invoke reciprocal.

If already enrolled at the same site, CHCS should screen this discrepancy code and keep the patient enrolled. If Invalid, log a support center call.

If a discrepancy because CHCS enrollment dates overlap with DEERS, correct CHCS enrollment start and end dates to correspond with DEERS.

57 Invalid Enrollment Eligible Code
Am not sure what causes this.

58 Invalid Enrollment - Patient Not Eligible For CCP
Am not sure what causes this, but repeat the eligibility check and make sure you and DEERS agree on DEERS Sponsor Status/Patient Category. Repeat the enrollment transaction. If that doesn't work, call DEERS support center and ask.

59 Invalid DOB/DDS
I don't think you should get this on an enrollment transaction.

60 Invalid DMIS Number
The DMIS ID of the Enrolling Division (version 4.6 or later) is not in the DEERS DMIS ID table. Log a DEERS support center call.

The following discrepancy codes should not be sent for enrollment/disenrollment transactions. They are discrepancy codes relating to NAS functionality. If you're getting them as responses to enrollment transactions, log a CHCS support center call.

61 Invalid Reason For Issue
62 Patient Category Does Not Match Patient Relationship
63 NAS Number Required
64 Medically Inappropriate City Required
65 Medically Inappropriate State Required
66 Medically Inappropriate ZIP Code Required
67 Medically Inappropriate Mileage Required
68 Medically Inappropriate Code Required
69 Invalid Patient Category
70 Invalid Admission Date
71 Admitting Hospital Required
72 Invalid Major Diagnostic Category
73 Issuing Officer Name Required
74 Issuing Officer Grade Required
75 Issuing Officer Title Required
76 Type "J" Transaction Required
77 Terminal ID Required
78 Invalid Sign Date
79 Invalid Other Insurance
80 Other Insurance Policy Required
81 Other Insurance Company Required
82 Sponsor Name Required
83 Patient Name Required
84 Patient Sex Required
85 Patient Found In DEERS On Conditional NAS Issue
86 NAS Record Not Found
87 NAS Already Canceled
88 Invalid Monthly Report Date
89 Unable To Issue NAS
90 Patient Address Not In DEERS
91 Invalid Monthly Report Type
92 Monthly Report Not Available For Type/Date Requested
93 Patient State Required On Conditional NAS
94 Patient ZIP Code Required On Conditional NAS
95 Invalid Issuing Officer Grade
96 Patient Category Does Not Match DDS
97 Patient Category Not Consistent With Sponsor Status
98 Sponsor Must Be Deceased For Surviving Dependent Patient Category
A1 Medically Inappropriate Hospital Required

00 More Reciprocal Disenrollment Data To Receive
This is used for the nightly receipt of reciprocal disenrollments at the losing site. You should not be seeing this reason on the Enrollment/ Disenrollment Discrepancy report. If you do, log a support center call.

01 SSN Not Found In DEERS Data Base - Verify SSN
The patient's sponsor is not on the DEERS database. Verify the SSN and DOB in CHCS. If correct, send the patient to the personnel office on base to register in DEERS. Otherwise log a Support Center call.

02 SSN Found - No Dependents Found
The patient's sponsor is on the DEERS database, but the patient (who is a family member) is not on DEERS. Send the patient to the personnel

office on base to register in DEERS.

03 DEERS Files Closed
This happens occasionally on DEERS. The transaction will remain in the queue until DEERS reopens. Do not do anything.

04 Input Length Greater Than Maximum
If you get this, log a CHCS support center call.

05 Invalid Block ID
This is used for the nightly receipt of reciprocal disenrollments at the losing site. You should not be seeing this reason on the Enrollment/ Disenrollment Discrepancy report. If you do, log a support center call.

06 Invalid Disenrollment Flag
See 05.

09 Invalid PCM Contractor Code
The PCM Contractor Code which is entered in the site's MCP Parameters file is not part of the DEERS table for PCM Contractor Codes. Log a DEERS support center call.

A2 Suc A2 Sucessful Reciprocal Disenrollment; Invalid Enrollment,Patient Not Eligible. Repeat the eligibility check and if it looks like the patient is eligible, check the patient category.

A3 Invalid Cancel Disenrollment - Patient Not Disenrolled
According to DEERS, the patient must be disenrolled to process a disenrollment cancellation. DEERS never received or has not processed disenrollment cancellation.

A4 Invalid Cancel Disenrollment - DMIS Does Not Match
The DMIS ID Code transmitted with the disenrollment cancellation does not match the DMIS ID Code that is stored in DEERS. A disenrollment cancellation may only be transmitted and processed by the enrolling division.

A5 Invalid cancel Disenrollment - Start Date Does Not Match
The start date transmitted with the disenrollment cancellation does not match the start date recorded in DEERS. The start date must match to process the disenrollment cancellation.

AA No More Reciprocal Disenrollment Data To Receive
You should not be getting this on an enrollment response. If so, log a CHCS support center call.

ZZ External DEERS Database Experienced A System Error
This can happen sometimes with DEERS. Repeat the enrollment transaction. If you get it twice, log a DEERS support center call.

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Appendix H :

MCP/DEERS TRANSACTION CODES

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MCP/DEERS TRANSACTIONS

TRANS#	TRANS	ACTIVITY	START STATUS	TEMP STATUS	RESPONSE GOOD	RESPONSE BAD	NOTES
AQC41	ENROLL	Enr start is past or future dte	null	PE	E	IE	
		Enr dte is future	null	PE	PE	IE	PE updtd by CP ENR BULL
AQC40	Cancel Enroll		E	D	D	ID	
			PE	D	D	ID	
			IE	n/a	D	D	No canc trans to DRS
			ID	ID	D	ID	
AQC45	Update Enr start		E	E	E	E	Neg discp code filed.
			PE	PE	E/PE	IE	PE updtd by CP ENR BUL
			IE	PE	E	E	Send new AQC41
AQC47	Updte DMIS/PCM loc		E	E	E	E	Neg Discp code filed
			PE	PE	E/PE	IE	PE updtd by CP ENR BUL
			IE	PE	E	IE	Send new AQC41
AQC42	Disenr-	dte is past/curr dte	E	ID	D	ID	
		date is future dte	E	ID	E	ID	ID updtd by CP ENR BUL
			PE	ID	D	D	
			IE	na	na	na	Message to use ECAN
			ID			ID	
AQC43	Recp Disenroll		na	na	na	na	
AQC44	Recp Dis/Enr	- Local enr dte past/cur	-	PE	E	IE	
		Disenr dte future	-	PE	PE	IE	Updtd by CP ENR BUL
AQC46	Correct Disenr-	Must be past disenr date	D	D	D	D	If rejected orig disenr reinstated.
AQC48	Cancel Disenr	Must be a current or -future disenr date	D	PE	E	D	If rejected Orig disenr date reinstated
AQC4P	Conditional Enroll		-	C	C	C	Update if/when eligib response rcvd

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